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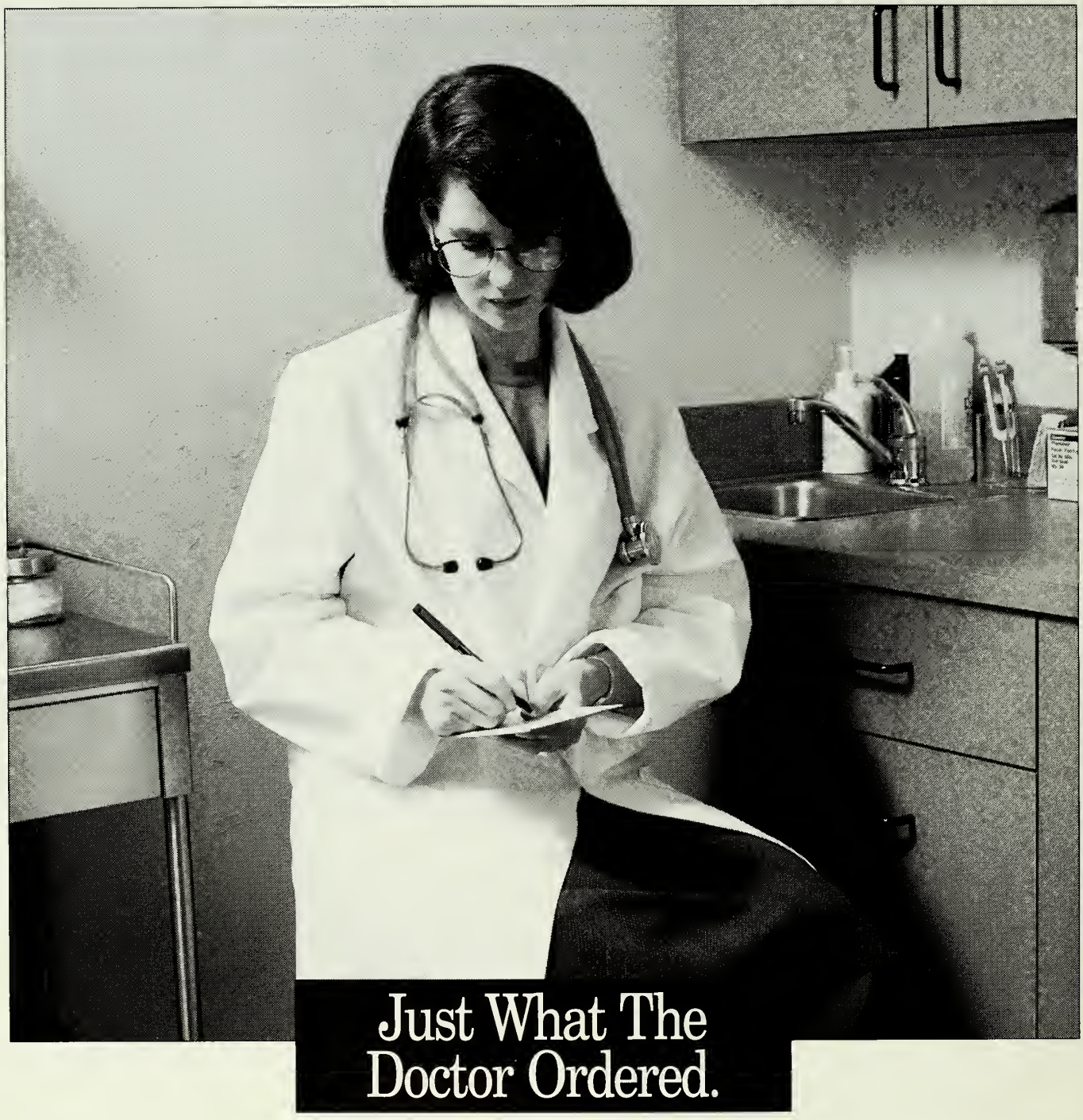
Today

Volume 25, Number 3 Spring 1997

REGAINING CONTROL



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Today

Volume 25, Number 3 Spring 1997

Introduction

If you've ever wondered how the Medical College of Georgia benefits the average Georgian, we invite you to read this edition of *Medical College of Georgia Today*.

Almost Like Family describes MCG's efforts to match caring volunteers with inexperienced young mothers in rural Georgia communities, helping them make healthy choices for themselves and their children. *A New Lease on Life* details MCG's extensive efforts to treat adult sickle cell patients, including by establishing satellite clinics throughout the state. And *Home, Hearth and Health* reports on perhaps MCG's most ambitious outreach effort to date: the electronic house call.

As the electronic house call suggests, logistical boundaries are becoming largely a thing of the past. Consider, for instance, MCG's presence in cyberspace, which enables people virtually worldwide to immediately access information about the university. Read in this edition of *MCG Today* how computer technology is enhancing MCG's three missions of health care, education and research.

Of course, our presence continues to be felt closer to home, too. Just ask Jeana Bartlett, whose recent surgery at MCG relieved her of many of her Parkinson's disease symptoms. We think her story is an excellent example of how sophisticated technology is matched with caring, personalized treatment at MCG to produce the best health care available.

Contents

2 / Regaining Control
When the symptoms of Jeana Bartlett's Parkinson's disease became unbearable, a Medical College of Georgia surgical team stepped in—with remarkable results.

6 / Almost Like Family
Remember when new, inexperienced mothers had a slew of nearby relatives to lend a hand? An MCG program is taking up the slack.

11 / AlumNews
News from the five alumni associations.

27 / MCG in Cyberspace
MCG has logged on to computer technology to capture a whole new world of communication.

31 / http://www.mcg.edu
Sample the offerings of the MCG Home Page.

33 / A New Lease on Life
MCG's comprehensive resources for adult sickle cell patients reach throughout Georgia and beyond.

35 / Fit For Life
Who says sickle cell patients can't exercise?

36 / Home, Hearth and Health
What more could a chronically ill patient ask for than a live-in health care team? MCG hasn't gone quite that far, but its electronic house call comes pretty close.

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Medical College of Georgia Today is sponsored by grants from MCG Foundation, Inc. and the MCG School of Medicine Alumni Association. It is produced by the Divisions of Institutional Relations and Health Communication; Medical College of Georgia; Augusta, Georgia 30912. Advertising inquiries should be directed to Mike Downes at *Augusta Magazine*, (706) 722–5833, P. O. Box 1405, Augusta, Georgia 30903. Published quarterly, *MCG Today* is furnished to alumni and friends of MCG without charge. The appearance of advertisements in this publication does not constitute an endorsement by the Medical College of Georgia of the products or services advertised.

Jeana Bartlett decides these days when to raise her hand and tap her foot.

Just a few months ago, her 44-year-old body was responding to a disease, not to her. She had trouble just turning over in bed or turning chicken in the frying pan. Her balance had gotten so bad that she took a bath instead of a shower, then found it hard to get out of the tub. The Parkinson's disease that emerged 10 years before had become uncontrollable by medicines alone.

That changed when Jeana had a pallidotomy Dec. 19, 1996 at the Medical College of Georgia Hospital. The surgical procedure, used in conjunction with medication, can help patients with Parkinson's disease regain control of their bodies.

Jeana was a 33-year-old mother, holding down the home fort in Columbia, Mo., while husband Richard worked halfway across the country, when she first noticed the slight shaking in her right hand. She reasoned that it was just the stress of weekdays alone with her two young sons juggling soccer, football, Cub Scouts and life in general, then trying to cram an intact family life into the weekends. Her tremors and shaking were sporadic in those days, enough for the attractive young woman to notice, but not enough to really worry her.

Then Richard began to notice that his wife's right arm hung unnaturally at her side, that it didn't swing when she walked. Then later, when she walked, he noticed that she picked her right foot up oddly off the ground.

She was 34 when Richard's job brought the family to Augusta. One day, while driving her car, Jeana decided she probably needed to see a doctor.

"I couldn't get my foot off the accelerator of my car and put in on the brake," she recalled. "It was like it was frozen to the accelerator or the brake, either one." She had to consciously tell herself to move her foot.

Jeana had seen a neurologist in Missouri and now she went to three more in Augusta. She was tested for multiple sclerosis. Her numerous headaches led to concerns about a brain tumor. One doctor ruled out Parkinson's disease. Finally she was referred to Dr. Kapil Sethi, neurologist and Director of the Medical College of Georgia Movement Disorder Program. By the time she saw Dr. Sethi, Jeana had trouble holding a fork; her handwriting had gotten small and hard to read; fatigue and discouragement were setting in.

"Dr. Sethi had me walk across the room, do a few things. He said, 'You have Parkinson's disease,'" Jeana said.

"It took five minutes," Richard said. "The significance of that is we had been researching for a year and a half."

The diagnosis brought an actual sense of relief. "I was thankful that I wasn't a hypochondriac. I wasn't one of these people who just pursues doctors to try to find out that something was wrong with me."

Drug therapy with L-dopa, a precursor to dopamine, worked like a charm for Jeana for about five years. A deficiency of dopamine, a neurotransmitter that enables cell communication, causes the brain's globus pallidus—a portion of the deep gray matter vital to movement control—to become hyperactive. Communication in this area of the brain becomes confused; Dr. Sethi likens it to pressing a car's brake, clutch and accelerator in unison.

A diagnostic image of the brain of Parkinson's patients may look essentially normal, but on autopsy, the substantia

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nigra, a black area in the midbrain, shows color changes that reflect a loss of cells and decreased dopamine production.

Patients can develop tremors of their limbs as a result, but they also can develop an extreme slowness of movement called bradykinesia. Their voice may soften and their words run together. Left untreated, patients can become bedridden, unable to move. "They may not be able to button their clothes properly because of shaking and slowness," Dr. Sethi said. "They may have trouble cutting their food and eating it. Their writing can get small, tiny, and then trail off. In most advanced cases, they can't write at all."

Jeana and Richard worked hard to keep Parkinson's away from the center of their busy lives, but over time it again became a disease that could not be ignored. "I think it was just time for it to get worse," Jeana said. "Dr. Sethi told me that it would."

Within the last year, Jeana's left side began showing signs of the disease. Her neck became constantly rigid and her left foot curled up so severely that she sometimes couldn't walk. One day while shopping, her left foot failed her. She sat down and cried and wondered if she would ever go out by herself again. A passer-by came to her aid.

"There are many patients with Parkinson's disease who have stopped responding to the medicines, or they are having side effects due to the medicines and their lives are becoming miserable," Dr. Sethi said. "The pallidotomy is one way to help them."

Pallidotomy uses a high-frequency electrical current to destroy the most overactive areas of the globus pallidus. Dr. Joseph Smith specializes in a branch of neurosurgery called stereotactic and functional surgery, which uses an aiming arc with submillimeter precision to pinpoint very specific targets in the brain. Such precision is crucial to surgery on the globus pallidus, which is near the brain's visual and motor pathways.

To identify his target, Dr. Smith places a base ring with four posts over the patient's head. He then passes pins through those poles to secure the device in the skull. Over that he fits a localizing device shaped like a drum with a series of horizontal and diagonal rods. The rods are filled with a copper sulfate solution visible on a magnetic resonance image scan.

When Dr. Smith gets a 2-dimensional scan of the patient's head, the rods appear as dots around the head. In the operating room, a computer uses these images to calculate the 3-dimensional coordinates of his target as well as a safe path for the recording, stimulating and lesioning probes that help him further identify and destroy it. On the computer screen, that path appears as a bright red line that passes through the image of the patient's brain straight to the globus pallidus.

His pathway to the globus pallidus is about a millimeter in diameter and through it he passes microelectrodes that measure the electrical activity of the cells. He then observes the activity on an oscilloscope and listens to it on an audio monitor.

"When you get very close to a cell, you'll see these intermittent spikes occurring and if you are listening to the audio monitor, the background activity just sounds like a little crackle. When you get very close to the target and record from a cell, those spikes are very closely spaced, and what you hear on the audio monitor is that continuous popping at a high frequency and a high amplitude. That tells us we are in the proper location. We know that when we start recording from cells

like that, we are right on target."

Microelectrode recordings are then used to define the boundaries of hyperactivity. And the stroboscope, which uses a flashing light to activate the visual pathways in the brain, locates the optic tract, which needs to be avoided.

After the recordings are complete, Dr. Smith inserts the larger stimulating/lesioning electrode. He first completes a series of stimulations. Low-frequency stimulations ensure that motor pathways are not activated and that he's a safe distance from them. High-frequency stimulations are used to see if there is a beneficial effect on the movement disorder or if he is actually activating abnormal movement.

Patients are temporarily weaned from L-dopa before surgery, so the full extent of their disease is evident, and the surgery is performed under local anesthesia and reversible sedation so the awakened patient can respond to Dr. Smith's requests to look at facial and limb muscles for any signs of weakening that would indicate closeness to the motor pathways. Dr. Sethi joins Dr. Smith in the operating room to help assess changes in the patient's tremors and rigidity as surgery progresses.

Dr. Smith first makes a reversible lesion in the globus pallidus to ensure the desired results without unacceptable side effects. Then he raises the temperature of the probe and destroys the tissue. Several lesions typically are necessary and a lesion more than 8 millimeters in diameter increases the likelihood of neurological problems.

At this point Dr. Smith is taking the more conservative approach of operating on one side of the brain at the time. If the surgery is successful, it may be possible to raise the patient's L-dopa dosage to bring the other side under control. If not, the second surgery can be performed three to six months later.

"You see results right away," Dr. Smith said. "You can see almost immediately the changes in tone; the tone decreases. The patient is able to carry out activity at normal speed." Slowness in initiating movement and in moving is improved; tremor often improves as well. Often it's the following day, when the patient is back on L-dopa, which all patients continue to take, that the success of the surgery is most evident.

Slowness of movement and rigidity decreases for 70 percent to 80 percent of patients, Dr. Smith said. The best candidates for surgery generally are younger than age 70 and without the dementia

MCG pallidotomy patient Jeana Bartlett wrote the following letter to her surgical team:

Dear Dr. Smith, Pat and the Pallidotomy Surgery Team,

Words can't express my gratitude for each of you who were a part of my surgery. The dedication, care and skill that was evident in the entire team gave me confidence and assurance in the outcome of the surgery. I will be eternally grateful for what you have done for me.

These last five weeks have been wonderful! I haven't felt this free of the restraints of Parkinson's for a long time and I'm enjoying every minute! I have more stamina, energy, flexibility, with no tremors or rigidity on my right side. I am looking forward to the left side (right side brain) surgery in the future. In addition, I have more peace, joy and my countenance shows it, so I'm told!

I thank God for allowing me to be a patient at MCG and to have doctors and nurses who have the desire and ability to make such a life-changing difference in my life. I'm grateful for those who worked so hard to get the equipment for this surgery at MCG. I did not realize the enormous benefits that I and others would experience through this procedure.

Thank you so very much for making my life worth living again!

Sincerely,
Jeana and Richard Bartlett

sometimes associated with Parkinson's or significant medical problems such as hypertension.

About a dozen centers in the country now perform large numbers of pallidotomies and many of the waiting lists already are several years long, Dr. Smith said. Recent modifications in the technique have made it one that Drs. Smith and Sethi now offer routinely as part of the Movement Disorder Program.

Dr. Sethi first mentioned the pallidotomy to Jeana Bartlett two years ago when she called him looking for a way to get through a two-week stay in Memphis for her brother's wedding. "I called Dr. Sethi and said, 'I'm miserable. You've got to do something...change my medication or something.'" Dr. Sethi did what he could with medicines to get her through her visit then asked her if she would consider a pallidotomy.

She considered herself a cracked teapot at the time, not a broken one. But over the next two years she found the resolve to try a different way of being mended.

Four weeks after surgery on the left side of her brain, she said she's ready, whenever Dr. Sethi says, to do the other side.

"I never thought of it as courage. People all the time tell me they are proud of me. I say, 'This is on me, I've just got to do it.' Even the first three weeks after my surgery, I was a new person. I would do it over again, just for those three weeks." ■

—TONI BAKER

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Almost Like Family

As Mary Jones* drove toward the faded brown 12-by-30 trailer, she glanced at the sparse, but clean, surroundings. No shrubbery hid the trailer's underpinnings. A neglected, rust-covered car rested in the edge of the nearby woods. A forgotten stuffed bear lay on the recently swept door steps. Picking up the bear, Mary walked to the stained, weather-worn door and knocked. The smell of freshly baked bread greeted her before Susan could answer the door.

A few minutes earlier, Susan Brooks* became exasperated. Mitchell*, her 10-day-old baby, spit up on her newly scrubbed kitchen floor, soiling his new sleeper. Now he needed changing and Mary was supposed to be here any minute.

Mary and Susan have known each other only months. After Susan learned she was pregnant with Mitchell, a friend told her about the Prenatal Center at Jefferson County Hospital and the Rural Outreach Resource Mother's Program. Mary, a resource mother, turned out to be a much-needed friend who provided indispensable support during the months preceding Mitchell's birth. And now, since his birth, she's been almost like family—dropping by, lending a hand, marveling over Mitchell's latest developmental milestones.

The Rural Outreach Resource Mother's Program was the brainchild of Dr. Nancy Williamson, Associate Professor of Nursing at the Medical College of Georgia and Director of the Rural Health Outreach Program.

"Several years ago, we started to notice a high percentage of pregnant women

*Name changed.

Resource mothers review training materials (above) and listen to a guest lecturer (page 8).

from outlying areas who delivered at MCG with no prenatal care," said Dr. Williamson. "It was hard for them to take a day off from work and come to MCG to see an obstetrician."

So Dr. Williamson developed a model for collaboration between a tertiary-care center—in this case, MCG—and outlying rural areas to address unmet health needs. After receiving a second grant to address rural health care needs from the W.K. Kellogg Foundation in 1988, negotiations began with administrators at Jefferson Hospital in Louisville, Ga., to establish the Rural Health Outreach Program.

Dr. Williamson and her staff targeted the program toward prenatal education and health care. Her efforts led to the opening of the Jefferson Hospital Prenatal Center in 1993, funded largely by a portion of MCG's Indigent Care Trust Fund, and staffed by a nurse practitioner, registered nurse, nurse assistant and office manager. Dr. Bruce Work, an MCG maternal-fetal medicine specialist, serves as a medical consultant. The center offers a one-stop approach to perinatal care for Jefferson County residents who deliver their babies at MCG.

"I believe this collaborative venture between MCG and Jefferson County is producing positive results in an effort to improve prenatal care," said Dr. Work.

The latest outgrowth of this project is the Rural Outreach Resource Mother's Program, funded by a grant in partnership with the Empowerment for Economic Communities Program.

Here's how it works:

Volunteers well-known in the community are selected from targeted neighborhoods for a training program on health care needs during pregnancy. The program and training sessions are coordinated by Jerome Marcotte, MCG staff nurse and Resource Mother Program Coordinator. Afterward, the women become neighborhood resource contacts to help pregnant women obtain needed services.

In November, the first of 20 training classes began. The volunteers, 11 women and one man from 14 counties, drive to Wrens, Ga., to attend the twice-weekly sessions. Lunch is provided, and the volunteers are reimbursed for travel expenses. In a former school house, the volunteers learn communication skills, stress management and pregnancy-related topics.

"Our goal is to make stable prenatal care possible," said Mr. Marcotte. "We hope our resource mothers will set good examples, provide encouragement and help prevent the ever-growing problem of child abuse and neglect. One of the biggest problems we face is that 87 percent of pregnant women in our area raise their children as single parents."

A recent session on self-esteem taught volunteers how to listen well, offer encouragement and support and give wardrobe advice. Team leaders instructed volunteers to encourage self-reliance, not dependence, in their clients.

"Sometimes it's hard to find a starting point to help them," Merlinda Neal, McDuffie County Resource Mother, commented during the meeting. "And how do you address personal hygiene problems?"

Several members nodded. They'd faced the same problem. Team leader Eric Hammond suggested that sometimes bluntness is the only solution. In learning how to help clients problem-solve, the volunteers also learn from the training sessions.

"It's been rewarding for me to be able to help others and to learn more myself," said Margaret Jones, Jefferson County Resource Mother. "There was so much I didn't know myself because I have just one child. The films, the books have helped; everything has been a learning experience. After this course is over, I hope I can help teens to understand there's more out there than having babies."

One of Ms. Jones's clients delivered her second baby recently. "Her main difficulty right now is finances," said Ms. Jones. "She's a single mother who works and also has a 6-year-old. I encouraged her to [obtain effective birth control] after having the baby, so I think maybe I helped."

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According to team leader Donna Riley, resource mothers provide effective support systems to pregnant women because they are mothers themselves.

"First-time mothers have a lot of questions that often go unanswered," said Ms. Riley. "With a resource mother as a friend, they have someone readily available to provide helpful information and to also be their friend."

Alice Cowart, Jefferson County Resource Mother, expresses concern for her client who is expecting her seventh child in July.

"She's very depressed," said Ms. Cowart. "When she visited her private physician last year, she asked about family planning. But her doctor seemed uninterested in discussing it with her. Now with another baby on the way and not much money, at least she knows she has someone to talk to."

Creating a caring community atmosphere is Glenda Smith's goal as Washington County's Resource Mother. Born and reared in Sandersville, Ga., she wants to reverse the trend of declining family values in the community.

"I am one of the community sponges," said Ms. Smith. "People tell me all their problems, and I absorb the pain and suffering. People also tell me they look up to

me by the way I live. By being a resource mother, I hope I can help them out."

One of her clients recently moved out of a house where the ground peeked through wide cracks in the floor, and there was no running water or indoor plumbing. With her third child just 1 month old, the family was thrilled to move into a mobile home. Although Ms. Smith didn't provide the new accommodations, seeing her client in an improved living environment makes her efforts seem worthwhile.

"It's an exciting life and I don't have a lot of worries," said Mrs. Smith. "God has blessed me in so many ways, and I prosper by helping people. When you start thinking about yourself, you get into trouble."

People like Glenda Smith, Merlinda Neal and Margaret Jones were on Mary Jones' mind as she drove away after her visit with Susan. The efforts of the resource mothers create their own rewards, Mary said, recalling her visit with Susan.

Little Mitchell was flourishing under Susan's attention, and Mary remembered thinking how tidy Susan's home looked. Her heart warmed as she read Susan's note of appreciation: "Thank you for caring enough to help me through this hard time because I don't know where I'd be today without your help. You are truly a blessing in my life." ■

—CAROLE JONES SMITH

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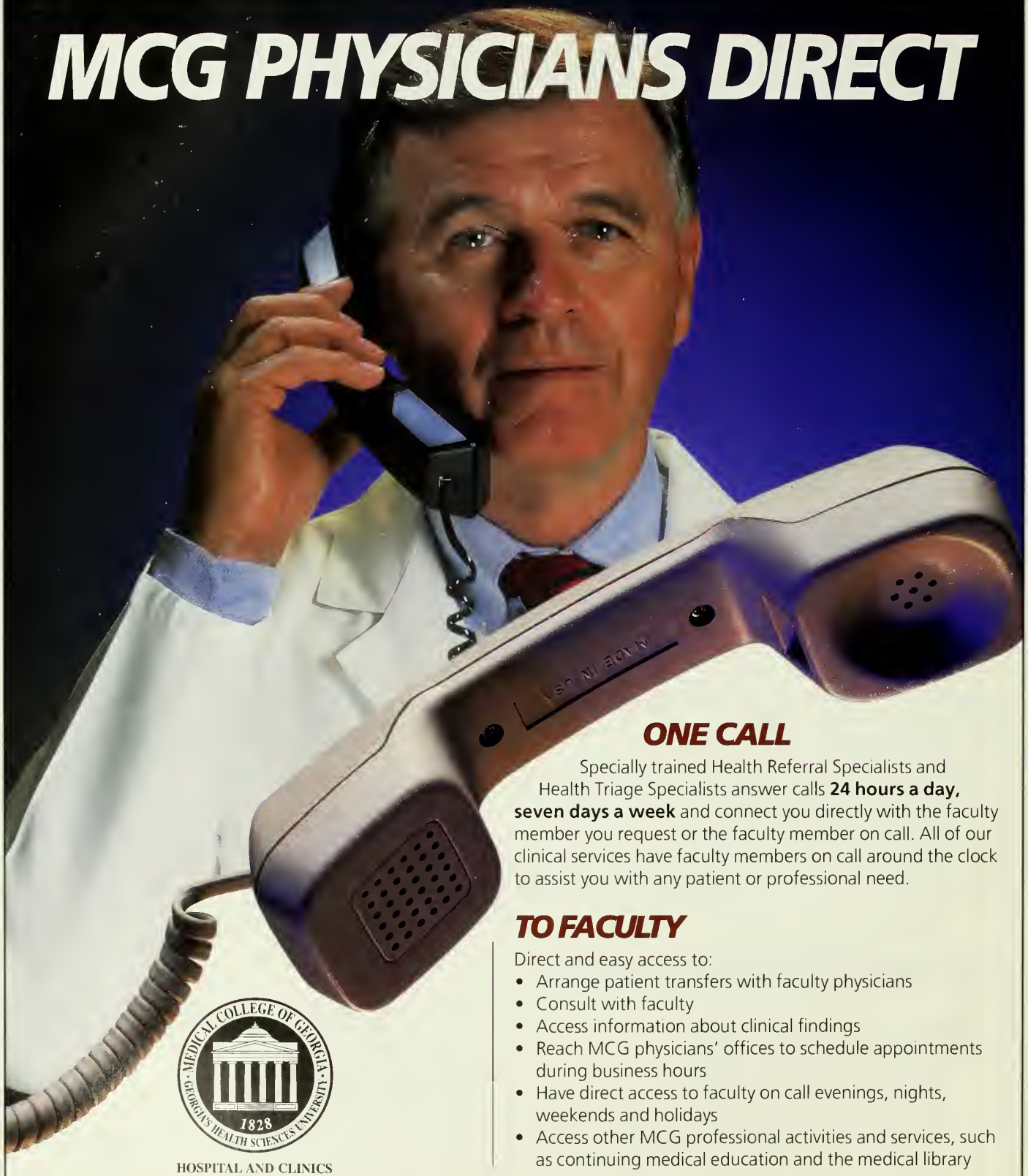

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AlumNews

"The Winds of Change Are Upon Us"

Editor's note: The following is the text of MCG President Francis J. Tedesco's 1996 State of the University Address, delivered Nov. 20.

Dr. Caughman, members of the Executive Committee, fellow faculty and other members of the MCG family: thank you for joining me today as I present the 1996 State of the University Address. In the time available today, my intent is to focus predominantly on one major issue: the future of our academic health center. As many observers have noted, the winds of change are indeed upon us.

For many years, academic health centers occupied a special place in the heart of Americans. Some have gone so far as to dub the last 50 years the "golden era" —a time of noteworthy growth for institutions like ours. Public policies, such as the expansion of our nation's program of biomedical research in the 1940s and the introduction of Medicare in the 1960s, treated the academic health center quite favorably, contributing to the growth and expansion of these institutions. Depending on your definition, the number varies; but currently, our nation supports over 100 academic health centers.

In recent years, however, the shift in public policy hasn't been as kind. Academic health centers face serious threats to survival due to changes in the organization and financing of health care delivery. I will not bore you with statistics to support what we already know. Simply put, some academic health centers will survive. Others will not.

I hesitate to identify managed care as the sole threat to the survival of the academic health center. In reality, we are being threatened from all sides and must resist the temptation to circle our wagons. We must recognize and acknowledge the pressures and challenges. And, we must allow those pressures and challenges to transform the academic health center...just as the more favorable societal shifts transformed the academic health center of the last 50 years. Managed care is most assuredly leading the assault... but, from my perspective, I see a number of other issues impinging on the academic health center's ability to serve society.

Estimates vary, but we all know that a significant proportion of the American public is without insurance coverage. A Census Bureau survey puts the number at approximately 15 percent of the population, more than 39 million people. The figures are higher if one includes those who experience lapses in coverage. Why should this concern us? Academic health centers provide the bulk of care to the economically disadvantaged patients in our society. This large volume of non-revenue-generating care, coupled with the costs associated with research, education, technology development and a high concentration of specialists increases the cost of medical care at academic health centers. Meanwhile, the insured public is being drive to practices that are able to offer lower pricing for clinical services. If the number of uninsured Americans continues to increase, the amount of uncompensated care that academic health centers dispense will likely increase, placing a heightened financial burden on already beleaguered facilities.

Revenues from all sources are declining. Medicare and Medicaid spending is under intense scrutiny. Funding for biomedical and health services research has been put at risk by recent proposals on Capitol Hill. Federal support for graduate medical education has been reduced and may sustain further reductions in the near future. This is especially problematic for

...continued on page 12

MCG President Francis J. Tedesco accepts a sculptured bust of the Greek god of medicine, Aesculapius, presented to MCG Aug. 14 by Dr. Phyllis O'Neal (School of Medicine, '43, second from left) in honor of her husband, Dr. John O'Neall III (School of Medicine, '44). At right are Dr. O'Neal's children. The bust is in the first-floor garden area of the library.

...continued from page 11
teaching hospitals that already absorb a significant proportion of the costs related to graduate medical education. In a survey conducted by our Office of Institutional Research and Information, we learned that of the total direct graduate medical education costs incurred by hospitals in Georgia offering residency programs, nearly 25 percent of the costs were left unreimbursed by any federal, state or local entity. The survey did not address the indirect costs associated with medical education, so we can assume that the financial burden on Georgia hospitals is actually much higher.

The way in which care is delivered will pose challenges for academic health centers. The shift from inpatient to outpatient to subacute and now to the home will undoubtedly tax faculty who are already juggling the often disparate demands of their educational, research and clinical responsibilities. And while faculty are attempting to fulfill their triumvirate duties, administrators are forced to respond to the demands of the public and the marketplace for more rigorous forms of accountability, both in the area of cost accounting and bench marking of faculty performance. I have asked Dr. Goldstein to head an initiative to ensure that faculty effort here at MCG is accounted for with greater rigor and attention to accuracy. We are morally and ethically obligated to protect the public's investment in the Medical College of Georgia. We are the state's health sciences university. And, we, all of us, should do whatever it takes to ensure that any and all inefficiencies are addressed...for they, too, are threats to our survival.

The bottom line is clear. We must change the way we do business. And this change will undoubtedly bring discomfort.

We cannot fear changes. We must adjust our position. We must actively work to secure a revenue base for our patient care, not only to keep the institution fiscally sound, but also to ensure the patient flow needed for our students and residents to have appropriate clinical experiences.

How is MCG behaving in this changing environment? Let's look at several specific areas:

■ *Managed Care*

If one believes that by the end of this century, 60 to 90 percent of all Americans will be in a managed care system and these systems will control access to patients, it is obvious that in order for us to continue to be the quality educational institution we currently are in all of our schools, we must be an active participant. The Special Teaching Hospital Committee of the Board of Regents recognized the need of MCG's Hospital and Clinics for greater fiscal and administrative flexibility so that the Hospital and Clinics may more effectively support our teaching mission in a constantly changing health care environment. The committee recommended and the board authorized the Medical College of Georgia to enter into agreements with MCG Health Inc., a Georgia non-profit corporation and a cooperative organization of the Board of Regents for various services and activities related to managed care—a very important step to allow MCG the ability to survive and thrive in this changing environment.

■ *Managed Care Contracts*

Our clinical enterprise is working diligently to help assure an adequate patient volume to support our educational, research and clinical missions. We are already participating in several programs.

- Humana Military Health Care Services—the prime contractor in Regions 3 and 4 for TriCare, the Department of Defense's managed care program.
- Georgia First—a statewide network of physicians and hospitals which include Emory University System of Health Care, MCG Health Inc. A cooperative organization of the Medical College of Georgia and other affiliated hospitals across the state and physicians associated with these facilities;
- Healthsource;
- U.S. Healthcare/Corporate Health Administrators; and
- BlueChoice Healthcare and BlueChoice Options,

to name a few.

Recently, we secured an agreement with the Georgia Department of Corrections to provide and coordinate health care for the state's incarcerated population. The agreement will begin July of 1997 and MCG will partner with providers throughout the state and will utilize the Georgia Statewide Telemedicine program, a program MCG was instrumental in creating.

■ *Education*

In spite of the clinical care pressures that our faculty and institution are feeling, the quality and enthusiasm of our students continues to be outstanding. On Part Two of the School of Medicine National Board Exam, our student pass rate was 98 percent and their scores were well above the national average.

Our School of Dentistry's performance on Part Two of the National Boards ranked our dental school 11th in the nation. Our students in the Schools of Nursing and Allied Health Sciences continue to out-perform peer institutions around the country.

■ *Facilities*

Just look around our campus—the changes are enormous. Our Ambulatory Care/Specialized Care Facility was the first new facility built during my administration. Its conception, during the late '80s, was in anticipation of the changes we are now feeling—a very wise investment.

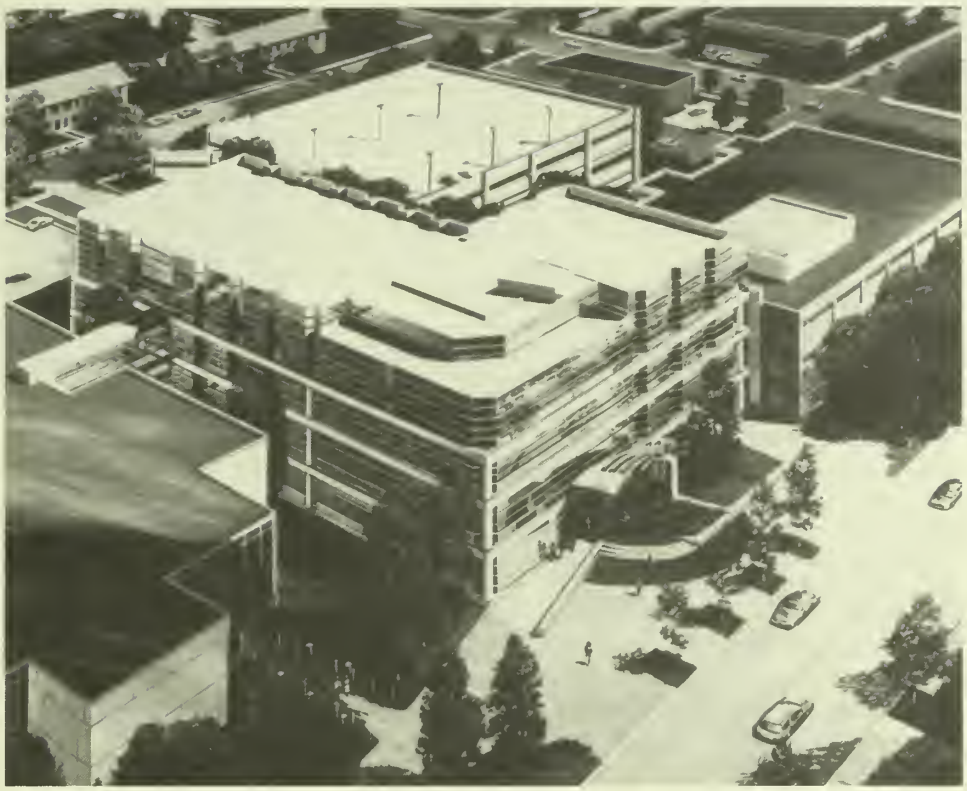
On Dec. 3, the Governor will join us to dedicate our new multidisciplinary research building which houses our Institute of Molecular Medicine and Genetics. Our research activity has not only led to continued growth in extramural funding, but has attracted several biomedical and pharmaceutical companies which have expressed a desire to work with MCG. I believe this is an area which, in the long term, will have tremendous economic impact for the region and the state.

Look down Harper Street. The construction of MCG's Children's Medical Center, which has a family-centered care theme, is progressing nicely. This will be a facility which will enhance not only the care of children in this area and throughout the state, but the training of future pediatric health care providers for decades to come.

Finally, I believe more and more people understand we are state-assisted, and that we must have private-sector support to continue to meet the challenges for the future. Our foundation has grown from approximately $7 million to $9 million in 1988 to approximately $45 million in October of 1996. This includes over $25 million in endowment funds. We have added approximately 10 fully endowed chairs in medicine and dentistry, and we are close to adding chairs in nursing and allied health sciences. These endowments will not only help support our current faculty who reside in these chairs, but will provide a lasting legacy for MCG.

As we move into the future, unsure as it is, let us remember that regardless of the changes thrust upon us, our collective effort will assure our success.

Thank you for your presence, your counsel and your continuing support. ■



Governor Heralds "Magnificent Building"

Christine Hurley Deriso

Sunshine and a balmy breeze provided the backdrop for the Dec. 3 dedication ceremony of the Medical College of Georgia Interdisciplinary Research Facility.

The building, which currently houses about 30 researchers in the MCG Institute of Molecular Medicine and Genetics, was designed by the Augusta architectural firm Hughes/Beattie and Associates, PC. The facility, which was funded through private and institutional resources, was built at no additional expense to taxpayers.

"I wish I could take credit as Governor for this magnificent building," said Georgia Gov. Zell Miller, guest speaker at the ceremony. "But Georgia has provided a relatively small sum [to finance it]. It was [MCG President] Fran Tedesco and the Medical College of Georgia that took the initiative and persuaded a number of donors to contribute to this building."

Dr. J. Malcolm Kling, Interim Vice President for Research, noted that the building is the first on campus dedicated solely to research. Its modular design and open architecture were designed to enhance flexible laboratory configuration and interdisciplinary research.

"All Georgians will reap the benefits of the research conducted in this building and in conjunction with our sister institutions," Dr. Tedesco said.

Gov. Miller concurred. "Medical science, just like the human body, has a lot of specialized parts and functions," he said. "This facility will bring them all together as never before to interact with each other. MCG carries forward a great tradition of education Georgia's health professionals. That mission is strengthened by research that is bringing increasing national prestige to MCG. This building will enhance that research."

Dr. Kling noted that the research conducted in the building —studying the body at its cellular level to shed light on virtually every disease—will be a great investment for the state. "Think of this facility as a new factory we're opening in Augusta," he said. "It's a multi-product facility: we provide research, education and patient care." ■

Physician, Lawyer Presented President's Awards

Christine Hurley Deriso

The Medical College of Georgia has presented 1996 President's Awards to Atlanta physician J. Harold Harrison and Augusta lawyer Lansing B. Lee.

The President's Award is presented by MCG President Francis J. Tedesco to recognize outstanding MCG supporters. The 1996 awards were presented during MCG's President's Dinner Oct. 5 at the Radisson Riverfront Hotel.

Dr. Harrison, a 1948 graduate of the MCG School of Medicine, interned at the Medical College of Virginia and completed his general surgery residency at Grady Memorial Hospital in Atlanta. He is Chief of the Section of Vascular Surgery at Saint Joseph's Hospital in Atlanta and Chief of the hospital's Department of Surgery. He also is an Associate in Surgery for the Emory University School of Medicine and is President of the Atlanta Vascular Society.

Dr. Harrison is a member and former President of the MCG School of Medicine Alumni Association Board of Directors. He is a past President of the MCG Foundation and Chairman of the foundation's Investment Committee. He was re-elected to a five-year term on the MCG Foundation Board of Directors in 1993.

Mr. Lee, a graduate of the University of Virginia and Harvard Law School, is a past President of the Augusta Bar Association and is Senior Councillor of the Atlantic Council of the United States, a NATO-supported organization. He has served as Senior Warden and Chancellor of St. Paul's Episcopal Church in Augusta and founded the Augusta Chapter of the Order of St. Luke, a healing ministry. He also is a licensed lay minister. He is a member of the Board of Visitors and the Endowment Board of the Kanuga Conference Center, an Episcopal conference center in North Carolina.

Mr. Lee is a member of the MCG President's Club and the MCG Foundation Board of Directors. ■

Recruiter Spreading Word of Health Information Management

Susan Yarborough

In her work to recruit more health information management professionals, Dr. Carol Campbell, Associate Professor of Health Information Management at the Medical College of Georgia, is not just doing her professional duty.

Recently appointed Georgia's State Health Information Advisor for Professional and Educational Recruitment by the American Health Information Management Association, Dr. Campbell frankly admits she volunteered—because she loves what she does and believes other people would, too.

As what amounts to the chief health information management recruiter for Georgia, Dr. Campbell will travel the state, visiting schools, colleges and career fairs and speaking to occupational organizations, student counselors and educators. She'll provide information about careers and training and serve as a resource and a mentor for those who plan to enter the field.

"I enjoy telling people about the opportunities available in health information management," said Dr. Campbell. "It's so unique in the variety of career paths available."

Health information management professionals secure, analyze, manage and integrate medical records and other health information. Health care providers use this information to make health care decisions, and health care facilities and organizations use it to make business decisions. Health information management professionals work in most health care settings as well as in insurance companies, law firms and information systems companies. Many have become independent consultants.

Part of Dr. Campbell's task will be to help educate the Georgia public about the field of health information management. The need for public education is especially important now because the demand for health information managers is growing. The U.S. Bureau of Labor Statistics estimates that 47,000 more medical records technicians will be needed between now and 2005 along with 18,000 other health information professionals.

"Our profession is not very well known or understood, " said Dr. Campbell. "And it's not just students we need to educate. I'm extremely interested in contacting high school and middle school counselors. I want to promote awareness among counselors of the career opportunities available in health information management. Counselors who are aware of what we have to offer would make good recruiters."

Recruiting recruiters is one of Dr. Campbell's prime objectives. One of her first tasks will be to network with health information managers throughout the state and find volunteers to serve five of Georgia's six recruiting regions. She plans to handle the Augusta region herself.

"It's rewarding to tell people about this profession," said Dr. Campbell. "People really want to know. And I want to help match the high demand for new managers with a highly skilled supply." ■

Dr. Carol Campbell

Ms. Dennis Keeps P.A. Department Humming

Susan Yarborough

It's the kind of event every organizer schemes for. The food is wonderful and the guests are so busy enjoying themselves that it's hard to get their attention. Marlene Dennis can hardly get through the crowd for people stopping to shake her hand, hug her neck and thank her. It's another successful Physician Assistant Day at the Medical College of Georgia and another triumph for Ms. Dennis, an expert at getting things done smoothly.

Marlene Dennis

As Administrative Specialist III in the Department of Physician Assistant, Ms. Dennis is involved in every aspect of the department's affairs, from the budget to admissions to alumni affairs. Every project seems to need something of her special touch, from her knowledge of the program and university procedures to her network of contacts throughout campus. And that's not surprising, because no one knows the P.A. program better. Ms. Dennis has been with the P.A. department since 1974.

"Marlene is the glue that holds the department together. She's my right hand," said Dr. Bonnie Dadig, Chairman of the P.A. program, who has worked with Ms. Dennis since 1984. "We've been a dynamic duo for all these years. A lot of faculty have come and gone and I'm the third [Chairman] since the program began. Marlene has been the real continuity here. "

"If you need something done, Marlene knows who to call to get it done now instead of next week," said Ed Huechtker, formerly Associate Director of the program and now Chairman of the P.A. program at East Carolina University. "And she's really good at fundraising. She raised the funds for the Physician Assistant Day luncheon and talked the representatives from the pharmaceutical and medical supply companies into

donating the door prizes, too."

"She's the life of the department," agreed Paula Lambert, Senior Administrative Secretary, who has worked with Ms. Dennis for the past three years.

For all of her attention to getting things done, however, Ms. Dennis never loses sight of what's really important—people. Her unfailing cheerfulness, dependability and interest in the students have endeared her to every P.A. class for 22 years.

"Marlene can tell you where just about every graduate is, what they're doing, who they're married to and what their kids' names are," said Winston Hunt, who graduated with the first class and is now an instructor with the program.

"I know that when I call her up for something, it gets done," said Grace Yrizarry, Class of '87.

"The students rely on her and she's never in a bad mood," said Sandy Chernich, President of the Class of '96.

It's not just the students in the Physician Assistant program who feel that way. "She helps students as much as she can," said Jamire Lavant, a student from the Radiologic Technologies program who has a work-study assignment with Ms. Dennis. "She hired me on the spot and helped me arrange my work schedule to fit with my classes. She has become one of my trusted confidantes here at MCG."

"She's so outgoing and sweet. She's a joy to be around. If you're not having a good day, she'll talk you into a better one," noted Colette Nash, a student in Medical Technology who also has a work study assignment with Ms. Dennis.

A native of Washington, Ga., Ms. Dennis moved to Augusta in 1966 to attend Bolen's Business University. She came to MCG in 1974 after six years with the Augusta College English Department, starting as a secretary under the P.A. department's first Chairman, Dr. John Palmer. "Dr. Palmer was a wonderful person," said Ms. Dennis. "When I came for my interview with him, he said I reminded him of his daughter, and I thought it was the nicest thing he could say about me."

Married to Tommy Dennis, a Sergeant in the Criminal Investigation Division of the Richmond County Sheriff's Department, Ms. Dennis has two daughters, Karen, 15, and Lynn, 16, both students at Curtis Baptist School. Lynn is a varsity cheerleader and Karen plays basketball and manages the football team.

Ms. Dennis is really enjoying her daughters' teen years. "It's almost like having a second chance to grow up again, watching them start dating and driving. As a mother, I get to go through it all again from the point of view of experience," she said.

She goes to all the basketball games. "I think I enjoy the games more than my daughters do," she said. "A friend of ours said he came to the game just to see me yell."

Besides cheering for the basketball team, Ms. Dennis loves reading, shopping and traveling. She's a member of the Crusader Club at Curtis Baptist School and is Treasurer of the Richmond County Law Enforcement Auxiliary.

Physician Assistant Day has come and gone, and it's on to the next big task—National Boards. Through a quirk in scheduling, the P.A. department, which is very proud of hosting the national examinations, has lost its usual testing space. It's up to Ms. Dennis to find another, arrange for the necessary equipment, recruit proctors for the tests and even make sure there are enough gowns for the people who will serve as patients during the physicals. Once again she's behind the scenes, calm and cheerful, but always managing things for success. ■

Dwight G. Harley Jr. (PA, '94, pictured back row, center) and other members of the St. Michael's Hospital medical staff in Tyndall, South Dakota, recently attended a Mardi Gras festival raising funds for the hospital.

Workshop Challenges Dental Hygiene Students

Susan Yarborough

The Medical College of Georgia Department of Dental Hygiene spent an afternoon with high-tech education last fall.

Faculty and students from the Augusta and Rome, Ga., programs met Sept. 25 for a workshop on root-planing that combined distance learning with a simulation exercise at the pre-clinical teaching laboratory of the MCG School of Dentistry.

The laboratory was the ideal place for second-year dental hygiene students at MCG to practice root-planing, one of the more advanced skills of their profession, according to Jessie Brown, Associate Professor of Associated Dental Sciences. And the laboratory's distance-learning capabilities enabled students and instructors in the Augusta and Rome programs to share an activity and get acquainted.

The laboratory has 59 work stations, each furnished with a patient simulator mannequin. Every mannequin has an oral cavity that can be configured with a full complement of teeth. Each mannequin is also equipped with a latex face mask that closely imitates the resistance of human cheek tissues. In addition, the laboratory has a computerized video teaching system capable of sending many types of images to each student work station and of connecting with the Georgia Statewide Academic and Medical System, the state's distance-learning and telemedicine network.

Ms. Brown and Trudy Oliver, Assistant Professor of Associated Dental Sciences, used the video teaching system to present an extensive lecture on root-planing to students in both Augusta and Rome.

Dr. Gene Dickinson, Associate Professor of Oral Rehabilitation at the MCG School of Dentistry, served as technical coordinator for the event, operating the multimedia computer system and introducing everyone to "Bob," one of the dental simulator mannequins. Ms. Brown and Ms. Oliver referred to Dr. Dickinson as "our guardian angel" for his sure-handed oversight of the proceedings.

Root-planing is a procedure to treat periodontal problems. The hygienist uses a curette to reach down between the tooth and the gum to remove plaque and debris from areas of the teeth that are normally inaccessible when brushing and flossing. Root-planing requires a thorough understanding of tooth anatomy and a precise, controlled handling of the curette.

The Augusta students were

enthusiastic about the opportunity to work in the pre-clinical laboratory. The patient simulation station "seemed like a real office," said Sara Wittschen, a second-year student in the Augusta program. "It's a very good simulation, very close to working in a regular clinic. You can move and position the mannequin easily. The lighting here is excellent. Things are easy to set up and put away. It's like having a low-maintenance patient."

Although the students in Rome had a very different experience of the workshop, they too were very pleased with the distance-learning opportunity and this joint activity with the Augusta class.

"Even though it was a lecture experience for our students, they'd never been exposed to this technology and they were excited about the possibilities it offers dental hygiene education," said Donna Miller, Program Coordinator for the Rome campus.

Although the Rome students did not have patient simulators, they were able to observe the Augusta students at work with the mannequins, Ms. Miller noted.

Dr. Dickinson showed them the work station at the video control console with its mannequin, "Bob," the lighting and hand controls set-up and one of the monitors with which the Augusta students viewed overheads and slides.

At the end of the session, the Augusta students gathered around the video camera so the two groups could see each other for the first time.

"The Rome students were very proud that their school has this kind of facility. We have also had faculty meetings using distance-learning technology," said Ms. Miller. "It contributes to the continuity between the two programs. I am anxious to see us use this technology more in the future for both classroom and faculty activities." ■

Respirators Offer Lifeline for Critically Ill

Susan Yarborough

If a serious illness or accident means that a loved one needs the help of a mechanical ventilator to keep breathing, a respiratory therapist can help you understand what is being done and why.

"The mechanical ventilator, or respirator, is one of the most important developments of modern medicine," said Frank Dennison, a registered respiratory therapist and Assistant Professor at the Medical College of Georgia. "Millions of people are alive because of them."

Mechanical ventilators take over the job of breathing when patients are too ill or injured to breathe efficiently on their own. They are often used in the treatment of heart attacks, lung disease, drug and alcohol overdoses, and injuries to the major organs and nervous system.

"There used to be very little we could do for people who had suffered severe trauma, such as those from car accidents or gunshot wounds," said Mr. Dennison. "Most of the time they just died fairly soon after the injury. But today mechanical ventilators help us keep catastrophically injured people alive long enough for nature to begin the healing process. There are some people who have been on ventilators for weeks and even months and who have still recovered enough to leave the hospital on their own power."

Ventilators are also used with patients who have acute attacks of asthma or are permanently disabled from diseases such as emphysema, bronchitis or polio or from injuries to the brain and upper spinal cord. Actor Christopher Reed is now dependent on a mechanical ventilator because an injury to his spinal cord affected the nerves and muscles that control breathing.

Mechanical ventilators are managed by respiratory therapists, who are specially trained to help treat patients with breathing difficulties due to disease or injury. Registered respiratory therapists have passed a national examination in their field and most states, like Georgia, require them to be licensed.

Once the decision has been made to put a hospital patient on a ventilator, a respiratory therapist is available 24 hours a day to monitor the patient and the machine.

Most ventilators today are controlled by computer. A patient's response to ventilation can be determined by physical assessment and analyzing wave forms appearing on the computer screen. The pressure and timing of the flow of air to the lungs can be regulated as needed. If the lungs themselves are not damaged, the ventilator may deliver air to the lungs. But in most situations, the air is mixed with pure oxygen. The air can be humidified and sometimes medication can be administered through an attachment to the ventilator.

"Even under optimum conditions, having to be mechanically ventilated is a serious stress for the patient. It is always uncomfortable and often frightening," said Mr. Dennison.

Conscious patients feel that they aren't getting enough air, said Mr. Dennison. Their blood levels may say that they are getting all the oxygen they need, but they won't have a physical feeling that they are. Having a machine help you breathe will never feel like breathing on your own, he said. The respiratory therapist can do a lot to synchronize the machine to a patient's breathing efforts, but perfect synchronization between the patient and the ventilator isn't possible yet.

Patients on mechanical ventilation become very frustrated by their inability to communicate, Mr. Dennison said. They are often very angry about their lack of control. Even physicians who have ordered mechanical ventilation for their patients speak of the anger, frustration and agitation they experienced when they had to be on ventilators themselves.

Family members of conscious, alert patients can help ease the patient's fear and frustration by helping them communicate, said Mr. Dennison. Patients with the use of their hands may be able to write a little, so have a clipboard and pen ready. You can at least find a way to help the patient say yes and no—nodding the head, blinking the eyes or raising a finger—one for no and two for yes—can serve as signals, he said.

Mr. Dennison recommends that family members talk to the respiratory therapist. Ask the therapist to take a few minutes to explain what the equipment does and how it helps the patient. If the patient is alert, do this where he can listen. Although understanding may not always make a patient less agitated, it can at least calm the family's fears and make them better able to support the patient during recovery.

Above all, letting the patient know you are there by holding a hand and talking can do a lot to make a very stressful experience of being on a ventilator a little more bearable, Mr. Dennison said. ■

Class Notes

Nancy E. (Beth) Williams Martilik (M.R.A., '78), Wirtz, Va., has been elected President of the Association of Health Information Professionals of Southwest Virginia for 1997-98. She is a coder in the HIM Department of Carilion Roanoke Community Hospital in Roanoke, Va.

Bill Lindsey (R.T., '88), Macon, Ga., is Director of Occupational Health Services at the Medical Center of Central Georgia in Macon. He is board-certified in healthcare management by the American College of Healthcare Executives and is recognized as a certified healthcare executive. ■

Hinman Donation Funds New Equipment

Carole Jones Smith

Continuing education classes at the Medical College of Georgia School of Dentistry will soon be enhanced by new projection equipment acquired through a $25,000 grant from Atlanta's Thomas B. Hinman Dental Society.

The grant, along with funds from the MCG Dental Foundation, will enable the school to purchase a multimedia system including one laptop computer and two liquid crystal display projectors. The equipment allows continuing education presenters to store slides as digitized images for presentations. The images, stored on computer diskettes, enhance projection and eliminate using numerous slide carrousels.

"MCG has continued to refine and enhance its dental education programs with innovative approaches that better prepare students for the dynamics of hands-on patient care," said Dr. Peter A. Jensen Jr. of the Hinman Dental Society Board of Trustees.

The grant is one of several the Hinman Dental Society has presented to MCG School of Dentistry. In 1995, the society donated $25,000 for a new preclinical laboratory featuring patient simulator mannequins enabling students to practice skills in a realistic environment. For the past 11 years, the society has also provided dental and hygiene scholarships to the institution.

"We appreciate the continuing support of the Hinman Dental Society," said Dr. Thomas R. Dirksen, MCG Associate Dean for Research and Continuing Education. "Their generosity has enabled us to provide cutting-edge technology to our students and graduates for many years."

Founded as a dental study group in 1905, the 500-plus-member Hinman Dental Society promotes dentistry's quality and professionalism in an effort to encourage continuing improvement. The society's annual Hinman Dental Meeting in Atlanta attracts more than 23,000 attendees.

"When possible, the Hinman Dental Society considers contributions to dental education-related causes," said Dr. Jensen. "As demonstrated by the Hinman Dental Meeting we conduct annually, we believe in the importance of continuing education for all dental practitioners. However, the drive for quality education must start at the dental school level. We are proud to support the Medical College of Georgia in its endeavors." ■

Dental Student Puts His Faith to Work

Carole Jones Smith

When Lauren Hargrove hears the word 'no,' it doesn't phase him; he just keeps his focus aimed on promoting missionary dentistry and medicine. This determination and persistence led to the establishment last summer of a permanent dental clinic for Augusta's inner-city population.

Mr. Hargrove, a second-year Medical College of Georgia dental student, said the primary mission of the clinic, the Center for Community Health, is to satisfy patients' spiritual, dental and medical needs. A division of Beulah Grove Community Resource Center, the center is managed by Margo Henderson.

"Through ministering to their hearts and by offering counseling in substance abuse and in rectifying family problems, we hope to help these people help themselves in creating a better and more fruitful life," said Mr. Hargrove.

Single-handedly, after countless telephone calls and letters, Mr. Hargrove obtained enough new dental equipment exclusively through donations to furnish the entire clinic.

"Without the help and support of many people, a project like this would be absolutely impossible," said Mr. Hargrove. "I can't help in believing that a large component of what we've accomplished this past summer definitely involved divine intervention. If what you are trying to accomplish is for the right reasons, you can't help but succeed with God's help."

While establishing the dental clinic last summer, Mr. Hargrove participated in the International Dental Research/National Institutes of Health-funded Summer Research Program under the guidance of Dr. Mohamed Sharawy, MCG Professor of Oral Biology.

"When I accepted the research opportunity, I had no idea of what else the Lord had in store for me this summer," said Mr. Hargrove.

His interest in humanitarian efforts began while working in a hospital pharmacy, which led to his first medical-dental mission trip two years ago to St. Elizabeth, Jamaica. The fact that people from varied backgrounds organize and provide health care to hundreds of

Thomas P. Hinman Dental Society representatives Thomas H. Callahan, James H. Cooper and Charles T. Rahl present check to Dr. Thomas H. Dirksen (second from left), MCG School of Dentistry Associate Dean for Research and Continuing Education.

people in a short period time astounded him.

"As a health care professional, I believe this humbling experience can teach each of us something very important that we can bring back and implement into our hectic lives here at hospitals as well as in private practices," said Mr. Hargrove.

He founded World Dental Outreach after returning home. His organization is affiliated with the Christian Dental Society, and he networks with other non-profit organizations such as Christian Medical and Dental Society, Medical Ministries International and Flying Doctors of America to place health care professionals and laymen on medical mission trips.

"Having the opportunity to offer aid to someone not as fortunate as yourself in a mission clinic is an indescribable feeling that I pray every medical and dental student can experience while in school," said Mr. Hargrove.

If interested in volunteering at the dental clinic or joining one of the mission trips, please contact Mr. Hargrove at (706) 481-5771. ■

Dr. Fisher Establishes Dental Endowment

Carole Jones Smith

Dr. Emile T. Fisher has established a charitable remainder trust for Medical College of Georgia dental scholarships. The endowment ensures MCG dental students eight annual $1,000 scholarships in perpetuity.

Dr. Fisher, a clinical faculty member of the MCG School of Dentistry, is a retired Atlanta periodontist. While President of the Northern District Dental Society in 1976, he founded the Indigent Denture Service Program in Atlanta for needy citizens. He was awarded the national Jeffersonian Award for community service in 1981, the Atlanta Community Service Award in 1981 and the Outstanding Community Service Award from the Ben Massell Dental Clinic in 1982. In 1995, he was named a member of the President's Level of the MCG President's Club for cumulative lifetime donations.

Dr. Fisher's relationship with MCG began in 1969, when he met founding School of Dentistry Dean Judson C. Hickey.

"I was so impressed with Jud and his forward-seeking, positive outlook on dental education in Georgia that I wanted to do something for MCG," said Dr. Fisher.

Beginning with an annual $1,000 scholarship in 1969, his yearly gift has since grown to seven annual $1,000 gifts. Instead of increasing the amount of the award, Dr. Fisher prefers to increase the number of scholarships.

"I believe it's an incentive to young people to show them that someone has confidence, interest and concern in their well-being, and therefore it becomes a motivator," said Dr. Fisher. "You will motivate as much with $1,000 as you would with $2,000. I don't think the size of the gift is the determining motivational factor, I think it's the fact that somebody cared."

This year's recipients of $1,000 Emile T. Fisher Scholarships are Kimberly Edwards of Atlanta; Kelly Gober of Rockmart, Ga.; Kim Jackson of Macon, Ga.; Samuel Mumpower of Powder Springs, Ga.; and David Riley of Carrollton, Ga.

Laurie Strohschein of Ellenwood, Ga., and Mark Moore of Marietta, Ga., were each awarded a $1,000 Emile T. Fisher Omicron Kappa Upsilon Scholarship. The award was presented to seniors in the top 6 percent of their class.

The MCG award recipients were selected by the School of Dentistry Financial Aid Committee. At other schools for whom Dr. Fisher provides scholarship funds, he stipulates the recipients must have a low-B or C grade point average.

"I'm a firm believer that the world is run by average individuals, and the average individuals are not your A and high-B students. They are C students," said Dr. Fisher. "All kinds of scholarships are available for the students with the top GPAs. But what about the not-so-scholastically-excellent student? Shouldn't they likewise have the opportunity of receiving a scholarship?" ■

Award Honors Alums' Volunteer Efforts

Carole Jones Smith

The Eastern District Dental Society of the Georgia Dental Association has been awarded the 1996 Golden Apple Award for Excellence in Dental Health Promotion by the American Dental Association.

Dr. Phillip H. Miller ('73) of Augusta and Dr. Gary Jones ('88) of Athens, Ga., Co-Chairmen of the Children's Dental Health Month project for the Eastern District Dental Society, won the state competition for activities in February 1996. Together their programs screened 1,076 second-graders and provided dental instruction to more than 17,300 students.

Assisted by 96 other dentists, MCG faculty, residents, hygienists, students and staff, Dr. Miller and his office staff screened 774 second-grade Richmond and Columbia County students for dental problems, up more than 800 percent from 1995. Using classroom lectures, tours of private practice offices and tours of the MCG School of Dentistry, more than 16,500 students were instructed in proper dental hygiene. Another 1,704 third-graders participated in a poster contest.

"This was totally a volunteer effort," said Dr. Miller. "Our objective was to put out as much information as possible to educate young people on proper dental care. The outcome exceeded our expectations, and we appreciate everyone who made the project a success." ■

Dr. Myers to Chair 2 Councils

Carole Jones Smith

Dr. David R. Myers, Dean and Merritt Professor of the Medical College of Georgia School of Dentistry, has been elected Chairman of both the American Dental Association Commission on Dental Accreditation and the American Dental Association Council on Dental Education for 1997.

The American Dental Association Commission on Dental Accreditation accredits all dental education programs in the United States, including predoctoral programs leading to doctors in dental surgery and medical dentistry degrees, dental specialty education and allied dental education programs including dental hygiene, dental assistant and dental laboratory technology.

The American Dental Association Council on Dental Education is responsible for policy matters pertaining to dental education and licensure.

Dr. Myers received his doctor of dental surgery degree from West Virginia University in 1965 and his master of science degree from the University of Nebraska Medical Center in 1970. He is a diplomate of the American Board of Pediatric Dentistry, and he joined MCG's faculty in 1970. ■

Grad Student Nabs World Power-Lifting Title

Christine Hurley Deriso

A couple of years ago, Laryssa McCloud was your average, everyday couch potato.

She has natural athletic ability but hadn't really put it to use since running track in high school. Since then, she'd concentrated almost exclusively on her studies, culminating in the Ph.D. she is currently earning in the Medical College of Georgia Department of Physiology and Endocrinology.

So when she walked into Augusta's Python Nutrition and Gym recently, she had no delusions of grandeur. Her only goal was to ease back into a reasonable degree of fitness and maybe relieve some school-related stress. "I just walked into the gym and started working with a coach," she says.

Her coach encouraged her to work with free weights, so she gave it a try. "Actually, they used to pick at me at the gym when I first started because I was so weak," she laughs. "But within three months, I'd gotten back into shape."

Today, suffice it to say that Laryssa's weakling reputation is a thing of the past. As her skills and strength grew, she began competing in power-lifting contests sponsored by the gym. And a few months ago, she took it one giant step further: On Sept. 14-15 in Edison, N.J., she won the 148-lb. Open Class World Natural Power-Lifting Federation World Championship.

The competition (completely drug-free) was fierce, including the Bahamas champion and last year's world champion. Early in the competition, Laryssa seemed likely to get creamed. The competition consists of three power-lifting contests: squats, bench press and dead lift. She lifted 325 in squats and 135 lbs. in bench press—impressive, but not good enough. She was down by 100 lbs. But Laryssa knew her moment was coming. Dead-lifting is her specialty. She stepped up to the weights and lifted an astonishing 410 lbs., for a total score of 870 lbs. The trophy was hers.

Her numerous accolades now include Georgia and American record-holder; best female dead-lifter of the meet and best female dead-lifter of the year. Oh, and she discovered a fringe benefit of power-lifting: Her social life picked up. She and her coach, Tee Meyers, plan to marry in a few months.

Laryssa, who is researching respiratory physiology with her major advisor, Dr. Ina Ehrhart, maintains a three-day-a-week training regimen. Her sleek, svelte and toned physique is a walking advertisement for power-lifting. "I want to dispel the image of the bulked-up female weight lifter," she said. "It doesn't have to change your physique." ■

Laryssa McCloud

Dr. Brann to Co-Sponsor Gordon Conference

Christine Hurley Deriso

Dr. Darrell W. Brann, a graduate of the MCG School of Graduate Studies and Assistant Professor in the Medical College of Georgia Department of Physiology and Endocrinology, has been selected to co-sponsor a research conference in which scientists from throughout the world will discuss brain-related research.

The conference is part of a series titled Gordon Research Conferences, initiated some 70 years ago by Dr. Neil E. Gordon, a Johns Hopkins University researcher who wanted to enhance communication between scientists. Attendance to each conference is limited to 300.

Dr. Brann's conference, titled *Excitatory Amino Acids and Brain Function,* is scheduled for this summer in New Hampshire. The conference will be co-sponsored and chaired by Dr. Stephen F. Heinemann, Professor and Director of the Salk Institute's Molecular Neurobiology Laboratory in San Diego. Dr. Brann will serve as Vice Chairman.

Drs. Brann and Heinemann are both involved in researching glutamate and aspartate, brain transmitters that activate neurons, the structural and function unit of the nervous system.

"These transmitters are the

way the neurons communicate," Dr. Brann said. For instance, one of glutamate's roles is to activate the brain's ability to remember—a finding with implications for memory-impairing diseases such as Alzheimer's disease. Glutamate also seems to play a major role in learning, drug addiction, stroke, Parkinson's disease and reproduction.

Dr. Brann is particularly interested in glutamate's role in reproduction. Glutamate release is controlled by steroids, which links its function to reproduction. Dr. Brann has found that glutamate can enhance reproductive function, and glutamate antagonists can impede reproduction function.

He will discuss his own research, plus coordinate the presentations of other researchers, for the conference.

Dr. Brann's conference is one of two that the Gordon series has agreed to sponsor this year. ■

Dr. Brann Named to Editorial Board

Dr. Darrell W. Brann, Associate Professor in the Medical College of Georgia Department of Physiology and Endocrinology, has been named to a four-year term on the editorial board of the journal, *Biology of Reproduction.*

Dr. Brann also is on the editorial boards of the journals *Endocrinology, Neuroendocrinology, American Journal of Physiology, Molecular Andrology* and *Archives of Andrology.* ■

Neurobiologist Speaks at Grass Lecture

Dr. James L. Roberts, Professor and Co-Director of the Dr. Arthur M. Fishberg Research Center for Neurobiology at Mount Sinai School of Medicine in New York, was the guest speaker at the 1996 Grass Lecture Oct. 21 at the Medical College of Georgia.

Dr. Roberts discussed "Extracellular Neuropeptidases: Degrading Enzymes or Processing Enzymes?" during the lecture, sponsored by the Grass Foundation, Society for Neuroscience, MCG Chapter of the Society for Neuroscience and MCG's Departments of Physiology/Endocrinology and Pharmacology/Toxicology.

Dr. Roberts earned a Ph.D. in chemistry from the University of Oregon and was a postdoctoral fellow in the University of California Medical School Department of Biochemistry and Biophysics. He has received the Irma T. Hirschl Career Scientist Award and the Harold and Golden Lamport Award for Excellence in Basic Science. He was named an Irving and Dorothy Regenstreif Professor of Neurobiology in 1986. He is editor of the journal DNA and Cell Biology and associate editor of the *Journal of Neuroscience Research.* ■

10 Named to Who's Who

Ten students in the Medical College of Georgia School of Graduate Studies will be included in the 1997 edition of *Who's Who Among Students in American Universities and Colleges.*

Those included are selected by campus nominating committees and editors of the annual directory based on academic achievement, community service, leadership in extracurricular activities and potential for continued success.

The directory, first published in 1934, includes students from more than 1,900 institutions of higher learning in all 50 states, the District of Columbia and several foreign nations.

The MCG students are Janet Ambrogne, Lori A. Bolgla, Laura M. Burney, Michelle W. Carnes, Ethlyn Gibson, Sandra Harrison-Weaver, Bettye M. Hollins, Matthew C. Morrey, Ramani Ramchandran and Pedro Zamorano. ■

Dr. Korach Named Journal Editor

Dr. Kenneth Korach, who earned a Ph.D. in endocrinology at the Medical College of Georgia in 1974, has been named editor in chief of the *Journal of Endocrinology.*

Dr. Korach is Senior Research Endocrinologist and Chief of the Receptor Biology Section at the National Institute of Environmental Health Sciences in Research Triangle Park, N.C.

After earning his Ph.D. at MCG, Dr. Korach completed a two-year postdoctoral fellowship at Harvard Medical School. He joined the National Institute of Environmental Health Sciences in 1976. He received the National Institutes of Health Outstanding Performance Award in 1988, 1989, 1990 and 1991 and the National Institutes of Health Special Service Award in 1989. He was named the MCG School of Graduate Studies' Distinguished Alumnus in 1992. ■

Class Notes

Joy Cates (M.S.N., '81) is managing partner of JoyCare Properties, which will soon begin constructing an upscale retirement facility in Hiawassee, Ga. The community, Brasstown Manor, will be located at Lake Chatuge. The first construction stage, scheduled for completion this summer, will be primarily assisted-living accommodations.

Sheryl Alba (M.S.N., '85) has joined the Augusta State University faculty as an Assistant Professor of Nursing. Previous positions include Director of Clinical Services at St. Joseph Homecare Inc., Director of Support Services at Charter Hospital, Quality Assurance Coordinator for Patient Services at St. Joseph Hospital and IV team nurse at University Hospital. She also was a teaching assistant at MCG.

Dwight G. Harley Jr. (P.A., '94) is a physician assistant at St. Michael's Hospital in Tyndall, S.D. He is the son of Dwight G. Harley Sr. of Lincolnton, Ga. His wife is the former Jamie Denise Wilkes of Dublin, Ga. ■

Medicine

Alum Named President of East Tennessee State University

Dr. Paul E. Stanton Jr. ('69) assumed the Presidency of East Tennessee State University in January.

Dr. Stanton, an Atlanta native, had served as Dean of the university's James H. Quillen College of Medicine and Vice President for Health Affairs since 1989.

After graduating from MCG, Dr. Stanton completed a rotating surgery internship at Tampa General Hospital at the University of South Florida, a surgery residency at Georgia Baptist Medicine Center in Atlanta and a fellowship in vascular surgery at Northwestern University School of Medicine in Chicago. He is board-certified in general surgery and is specially certified in general vascular surgery.

Dr. Stanton was an Assistant Clinical Professor of Surgery at MCG and co-directed the Georgia Baptist Medical Center/MCG Vascular Fellowship from 1980 to 1985.

After joining East Tennessee State University in 1985, he served as Director of the Division of Peripheral Vascular Surgery and Associate Professor of Surgery, then as Professor and Chairman of the Department of Surgery. He was named Interim Dean of Medicine and Vice President for Health Affairs in 1988 and was named permanently to those posts a year later.

Dr. Stanton's professional memberships include the American Medical Association, American College of Angiology, American College of Surgeons and International Society for Cardiovascular Surgery. He and his wife, Nancy, have three children. ■

Dr. Paul E. Stanton Jr.

Dr. Abele Posthumously Honored

Toni Baker

The late Dr. Donald C. Abele, a faculty member of the Medical College of Georgia for nearly 30 years, was posthumously elected President of the American Dermatological Association at its 116th annual meeting.

Also at the meeting, Dr. Jack L. Lesher Jr., Chief of the MCG Section of Dermatology, was elected a member of the national association which promotes clinical practice, research and medical education in dermatology.

And, Dr. J. Graham Smith Jr., former MCG Dermatology Chairman, was elected an honorary member.

Dr. Abele, who joined the MCG faculty in 1968, served as Interim Chairman of Dermatology from 1991 until his retirement in June 1995. He died in January 1996.

Dr. Lesher, a 1981 graduate of the MCG School of Medicine who also completed his dermatology training at MCG, joined the faculty in 1985. The MCG Department of Dermatology was reorganized as a Section of Dermatology in the MCG Department of Medicine in 1995 and Dr. Lesher was named Section Chief.

Dr. Smith was on the MCG faculty from 1967 to 1991, serving as Chief of Staff from 1970 to 1972, and received the 1989 Outstanding Faculty Award from the MCG School of Medicine. ■

Alumnus Receives Family Practice Award

Toni Baker

Dr. Burton B. Barmore III ('82), a family physician with Family Medicine Associates in Thomson, Ga., has received the 1996 Georgia Academy of Family Physicians Family Practice Educator of the Year Award.

The award was announced at the recent annual clinical meeting of the 950-member Georgia Academy of Family Physicians.

Dr. Barmore is a clinical faculty member for the Medical College of Georgia and helps educate future physicians through several programs including MCG's Family Medicine Clerkship, a required course for third-year medical students. He participates in MCG's Patient/Doctor Course, which matches first-year students with practicing physicians, and with the Subinternship in Family Medicine, a required rotation for seniors. Dr. Barmore also works with MCG's first- and fourth-year medical students in the Preceptorship Program of Georgia's Joint Board of Family Practice.

"Dr. Barmore is a great example of the type of physician we expect to develop: someone who provides quality, compassionate care to patients and families," said Dr. Joseph W. Tollison, Chairman of the MCG Department of Family Medicine, who nominated Dr. Barmore for the award. "The opportunity to work alongside doctors such as Dr. Barmore helps our students learn not just the academic aspects of medicine, but the true practice of medicine as it involves their patients and families."

Dr. Barmore received the Georgia Academy of Family Physicians' Family Practice Resident of the Year Award in 1984 while completing his family medicine residency at MCG. He also received the 1983 Resident Teaching Excellence Award and was elected to the national honor medical society, Alpha Omega Alpha, that same year.

He is a member of the McDuffie County Hospital Board Authority and the Thomson-McDuffie County Chamber of Commerce. He also is an administrative board member of Thomson First United Methodist Church. ■

Dr. Blitch Dies at Age 70

Dr. Pierce G. Blitch Jr. ('52), Professor Emeritus of Medicine at the Medical College of Georgia, died Feb. 12 at age 70.

Dr. Blitch, a native of Savannah, was active on the staffs of University and St. Joseph Hospitals from 1956 until 1996. At University Hospital, he was a member of the Executive Committee and Chief of Staff and

was Chairman of the Department of Medicine from 1976 to 1981. He was Chairman of the Committee for the Coronary Care Unit in 1990. He was appointed Assistant Instructor in the MCG Department of Medicine in 1956, Clinical Professor of Medicine in 1976 and Professor Emeritus of Medicine in 1996.

He was a member of the American Medical Association, the Southern Medical Association, the Richmond County Medical Society, the Richmond County Journal Club, Augusta Country Club, Heritage Club of Augusta, Augusta Assembly and First Presbyterian Church.

Survivors include his wife, Rara Ann Gough Kilpatrick Blitch, a son, a daughter, a stepson and two stepdaughters. ■

Alum's Daughter Pilots Shuttle Mission

Lt. Cmdr. Susan Still, daughter of Medical College of Georgia School of Medicine alumnus Joseph Still ('65), piloted the space shuttle, Columbia, for NASA's 83rd space shuttle mission.

The shuttle lifted off from Cape Canaveral, Fla., April 4 for a mission conducting microgravity science experiments with implications for manufacturing, pollution prevention and medical research.

Dr. Still is Medical Director of the Columbia Augusta Medical Center burn center. "It's the satisfaction of accomplishing a big goal," Dr. Still told *The Augusta Chronicle* shortly before his daughter's liftoff. "I know all that she's gone through to get to this level, and I'm very pleased for her that she was able to accomplish her goal.

"Plus, I'm very proud of her."■

Sen. Cleland Stresses Altruism in Health Care

Christine Hurley Deriso

The foremost challenge of health care providers in today's competitive, cost-conscious environment is to retain their altruism, according to U.S. Sen. Max Cleland.

"Health care has gotten so technical, I fear we may have lost the 'care' in health care," said Sen. Cleland, on campus March 26 as guest speaker for the MCG Corporate Partnership Program, a collaboration of MCG faculty and local businesses to increase community awareness of MCG developments in the biomedical field. "We have to have caring in our heart as well as skill in our hands."

Sen. Cleland lauded MCG's efforts to reach the most vulnerable citizens of Georgia via methods such as telemedicine, enabling MCG specialists to electronically assess patients throughout the state. "Telemedicine will help us share health care in a low-cost way," he said.

Cost has also become an increasingly prohibitive obstacle to higher education, he said, noting that most MCG medical students receive some form of financial assistance and are in debt upon graduation. The cost of higher education has risen 36 percent in 10 years, he said, adding, "The doors of availability are slowly closing. There's got to be some help forthcoming."

Sen. Cleland has co-sponsored a bill, widely touted by President Clinton during his 1997 State of the Union Address, to offer refundable tax deductions to those financing a college education. The bill, which Sen. Cleland expects to be passed into law later this year, is patterned largely after Georgia's HOPE scholarship program, offering free college tuition to University System of Georgia schools for Georgia students maintaining at least a B average.

The federal legislation would allow a $15,000 tax deduction for the first two years of college and a $10,000 tax deduction for every year of higher education thereafter. "That is a great investment," he said, citing a study that showed for every dollar invested in a U.S. veteran's higher education, the economy reaped a $3 to $5 return. ■

AMDA Founder Honored

Dr. William Dodd ('47) was honored as founder and first President of the American Medical Directors Association during its 20th anniversary symposium in Phoenix.

Dr. Dodd founded the association in Macon, Ga., his longtime home, in 1976. During the symposium, he was presented with the first Founder's Award for Distinguished Service, named in his honor.

"One of the most important things about him is that he's here today," said foundation Chairman Eric Tangalos while presenting the award. "He never lot interest in AMDA."

Dr. Dodd also was recognized in an AMDA 20th anniversary pictorial history of the organization.

AMDA is the national professional association representing medical directors and attending physicians in nursing facilities and other settings in the long-term care continuum, including subacute units, assisted living facilities and hospice. ■

New Fertility Treatment Targets Low Sperm Count

Toni Baker

The first viable treatment for men with a low sperm count, in which doctors identify a single, durable sperm and directly insert it into a woman's egg, is now part of the infertility battle at the Medical College of Georgia.

"Medical therapies to enhance sperm production have all met with limited success," said Dr. Randall S. Hines, reproductive endocrinologist and Director of MCG's Assisted Reproduction Program. "That's one reason that intracytosplamic sperm injection is almost a revolution in the treatment of infertility, because it allows us to treat patients who previously had no effective therapy."

Typically the sperm count numbers about 20 million per cubic centimeter of ejaculate. Men who have as many as 1 million sperm are considered to have a low count, but some men may have only one sperm or none in their ejaculate.

Even though a million sperm may sound like plenty, a low count is associated with other problems such as impaired motility, said Dr. Iqbal Khan, physiologist and Director of MCG's In Vitro Fertilization/Andrology Laboratory. "Sperm have to be sturdy and mobile. We don't know all the reasons why, but often they don't have the apparatus for motility or the apparatus doesn't function properly," Dr. Khan said.

About 40 percent of the time, infertility results from a problem with the male; another 40 percent of the time it's a problem with the female; and the remainder is typically a joint problem. Low sperm count is by far the major reason for infertility in men and there's a laundry list of causes. For

instance, men can lack the tube that allows sperm to leave the testicles where they are constantly produced. When that's the cause, MCG's assisted reproduction team works with Dr. Ronald W. Lewis, Chief of the Section of Urology, who surgically removes the sperm for later injection.

Low testosterone levels, pituitary abnormalities and a history of venereal disease also can cause low sperm count. Often, there is no obvious cause. In fact, a low sperm count might go undetected until a doctor's help is sought regarding infertility.

In the in vitro laboratory, Dr. Khan takes available sperm, washes them and spins them so that the heaviest, most motile sperm move to the bottom while debris and dead sperm rise to the top. He puts the motile sperm in a viscous solution to slow them down so he can catch them, then removes their tails, a process that's normal for sperm when they enter the egg and no longer need to move about. He puts the sperm into a micropipette that's slightly larger than a human hair, then uses it to make a tiny hole in the outer hard membrane of the egg, called the oocyte, so he can insert the sperm. "It's very traumatic for the egg, but they tend to survive very well," Dr. Khan said. "The next day you check for fertilization."

National statistics show that about 60 percent to 80 percent of the time, the egg is fertilized, and about 30 percent to 40 percent of the time, a baby will be born. The cost is about $6,000, including charges for in vitro fertilization, medications and the intracytoplasmic sperm injection.

For more information, call the MCG Section of Reproductive Endocrinology, Infertility and Genetics at (706) 721-3832 or the MCG Healthcare Referral Center at 1-800-736-2273. ■

Dr. Tedesco Included Among Most Influential Georgians

Christine Hurley Deriso

Dr. Francis J. Tedesco, President of the Medical College of Georgia, has been named one of the 100 most powerful and influential Georgians by *Georgia Trend* magazine.

The Atlanta-based business magazine publishes the list annually. This year's list was published in the January 1997 edition of the magazine and reflected accomplishments in 1996. Dr. Tedesco also was included in the magazine's 1996 list.

Dr. Tedesco "has been instrumental in moving MCG to the forefront of the nation's state medical schools," the magazine article says. "He has pioneered the development of telemedicine and, in the past year, expanded telemedicine to include 'electronic house calls.'"

The article also cites MCG's multimillion-dollar contract to provide health care for Georgia's 40,000 inmates and its new Interdisciplinary Research Facility, built at no cost to taxpayers, to house MCG's Institute of Molecular Medicine and Genetics, among other research initiatives. ■

Class Notes

Dr. Wilder Smith ('46), Swainsboro, Ga., practices primary care at the Smith Rural Health Clinic in Swainsboro. Dr. Smith's medical museum collection of old medical instruments, tables and photographs of practice chronicles 100 years. He has pictures of epidermolysis bullosa, quintuplets, twins and quadruplets. He also has golfing pictures taken at the Augusta National.

Dr. Ed Krekorian ('57), Professor Emeritus, Department of Otolaryngology/Head & Neck Surgery, University of Colorado Health Sciences Center, has had his first novel published. *From Bayonet to Scalpel, Book I, A Marine's Odessey, covers World War II and the Korean War.* The publisher is University Editions, 59 Oak Lane, Spring Valley, Huntington, W. Va., 25704. After retiring from the U.S. Army Medical Corps in 1978, Dr. Krekorian joined the University of Colorado School of Medicine faculty and retired in 1991 as Professor. He is a member of the school's Admissions Committee and is working on a sequel to his book covering the Vietnam War from the perspective of a senior medical officer. His wife, Patricia, formerly Chief Laboratory Technician in the MCG Department of Microbiology, is a prominent Colorado artist and teacher with works in Colorado and New Mexico galleries. The Krekorians live in Aurora, Colo. The welcome mat is out for all members of the class of '57. Their phone number is (303) 690-6419.

Dr. William E. Silver ('63) and his associate, Dr. Brian P. Maloney, are forming the Georgia Facial Plastic and Reconstructive Surgery, P.A. Center in Dunwoody, Ga. The center will offer non-surgical skin rejuvenation, chemical peeling, laser resurfacing, minimal-incision facelifts, forehead lifts and eyelid, nose and hair replacement surgeries. Overnight facilities will be available. Dr. Silver, a native of Atlanta, has practiced in Dunwoody for 23 years. He is the recent past Vice President of the American Academy of Facial Plastic and Reconstructive Surgery and a member of the American Board of Facial Plastic and Reconstructive Surgery.

Dr. David Crippen ('76), Pittsburgh, Clinical Associate Professor at the University of Pittsburgh Medical Center and Director of the Surgical ICU at St. Francis Medical Center, is the moderator of the International Critical Care Medicine Internet discussion group CCM-L, with 1,000 subscribers around the world. The homepage address is http://www.pitt.edu/~crippen/

Navy **Cmdr. P.J. Chandler** ('79) recently participated in the 21st annual Marine Corps Marathon in Washington, D.C.

Dr. Larry S. Witanowski ('80), Jamesville, N.Y., recently was named Chairman of Nuclear Medicine at Community General Hospital in Syracuse. He is a partner in Radiologic Group Services, M.D., P.C., and is certified in both diagnostic radiology and nuclear medicine. He and wife Marguerite Hickernell have one son, David, 18.

Dr. Stanston Spence ('81), Atlanta, has received LaGrange College's Shackelford Distinguished Alumnus Award. Dr. Spence, who graduated from LaGrange College in 1977 with a bachelor's degree in chemistry, is a diplomate of the American Board of Surgery and lectures about health care at Atlanta area high schools.

Dr. Jeffrey Carl Davis ('86), Birmingham, Ala., an orthopedic surgeon, recently joined the staff of Alabama Sports Medicine and Orthopedic Center. His son, Wade Bowers Davis, was born July 9.

Dr. Shannon D. Smith ('92), Iowa City, has been awarded an educational grant from the National Foundation for Infectious Diseases to attend an international conference on infectious diseases. Through an educational grant from Zeneca Pharmaceuticals, the foundation awarded 48 grants to physicians training in or researching infectious diseases. Dr. Smith presented a poster titled "Cost-effectiveness of Hepatitis A Vaccination in Health Care Workers" at the 1996 Interscience Conference on Antimicrobial Agents and Chemotherapy in September. She is a fellow in infectious diseases at the University of Iowa School of Medicine.

Dr. Jill Hauenstein, an Augusta psychiatrist who completed a psychiatry residency at MCG, has been named President of the Georgia Psychiatric Physician's Association. She also is a member of the association's Board of Trustees and Professional Standards Committee. She is a past President of the CSRA Psychiatric Society. The association will hold this year's annual meeting in Augusta. Dr. Hauenstein is the first President of the association from Augusta since 1966.

Obituaries

Dr. B. Lisa Friddell ('92), Albany, Ga., died in a car accident Oct. 27 at age 29. Ms. Friddell practiced with the Albany Affinity Health Group. She was a member of the Dougherty County Medical Association, the Georgia Medical Association and the American Medical Association. She volunteered with the American Heart Association and was a member of First Baptist Church of Newnan. Survivors include her mother, Barbara North Rawlins, of Newnan, Ga., and her father, Tom H. Friddell, of Sasser, Ga. ■

Lost Alumni

The MCG Office of Alumni Affairs if trying to get back in touch with its "lost" School of Medicine alumni and will regularly publish a list of them. If you have any information about their whereabouts, please contact the office toll-free at 1-800-869-1113 or, locally, 721-4001.

John M. Dent III
Harry J. Diamond
Anne C. Dickinson
Vladimir J. Dinolov
Karen L. Dorough
Vernon W. Doster
David A. Driggers
W. G. Dunbar
Elton Dupree
Rodney M. Durham
James H. Durham
Marcella T. Dysart
John M. Dysart

Distance No Obstacle for Nursing Students

Christine Hurley Deriso

Ask students in the Medical College of Georgia School of Nursing if they're comfortable with the school's new distance-learning program in Barnesville, Ga., and they're likely to share the Macarena anecdote.

Shortly before students got down to business recently during class, those on the Augusta campus started doing the Macarena, the trendy new dance. Their fellow classmates on the Gordon College campus in Barnesville watched them on the television set, then broke into dance themselves. Soon, they were all dancing together, as if they were all in the same room rather than on two different college campuses 150 miles apart.

So distance doesn't seem to be much of an obstacle to camaraderie. "The interaction has gone really well," says Dr. Linda Ellis, Associate Professor in the School of Nursing and Project Director of the school's Distance Learning Program, which began last fall.

When the University System of Georgia Board of Regents approved a program in 1995 to enable registered nurses in the Barnesville area to earn MCG bachelor's degrees in nursing via distance-learning, Dr. Ellis immediately came on board. "I volunteered to do this because I thought it would be fun and interesting. I just find distance-learning fascinating."

Dr. Ellis and fellow faculty member Marguerite Murphy commute to Barnesville from Augusta each week to teach classes to the students—11 women and two men—Mondays and Wednesdays in Gordon College facilities. Their lectures are broadcast via distance learning (interactive television) to Augusta students. Barnesville students also participate in Augusta-based classes via distance learning.

The main benefit for the Barnesville students, of course, is the ability to continue their nursing careers while earning bachelor's degrees without having to leave their hometown. But a major draw, Dr. Ellis said, is the MCG diploma. "All 13 (of the Barnesville students) plan to [travel to Augusta for] graduation," she says. "I've asked them why they chose this program. They say they can finish it fast—in just three quarters—and if they had their choice of getting their degree from MCG or some other school, of course they wanted to get it from MCG. This program gives them the chance to tap into the diversity we have and not just what's available locally."

Dr. Ellis has also been a student herself, in a sense. In addition to teaching, she's taken a crash course in distance-learning technology. "MCG's [Division of] Health Communications helps problem-solve, but we're our own technicians in Barnesville. I enjoy the technical aspects. And it's been really, really smooth for a start-up. We've had three fire drills and a power failure that interrupted transmission, but we were back on line in just no time. All together, we've had about 30 minutes of interruption due to technical problems, which is not bad at all."

Some of the students have also taken it upon themselves to learn more about the technology and occasionally operate the equipment.

Dr. Ellis is unabashedly proud of her students. "All of them are on the Dean's List," she says. "The key is making educational opportunities available in a reasonable fashion without compromising quality." ■

Students on Gordon College campus participate in distance-learning campus from MCG.

Nurse Studies Families of Chronically Ill Children

Christine Hurley Deriso

Family solidarity is one of the most crucial measures of success when caring for a chronically ill child at home, according to nursing research at the Medical College of Georgia.

Dr. Barbara Kiernan, an MCG nurse practitioner, presented a lecture recently about research in which she interviewed parents whose children had been sent home dependent on intravenous therapy.

Such a scenario would have been unthinkable a generation ago, she noted, but technological inno-

The MCG School of Nursing hosted a simulation workshop for nursing anesthesia educators Nov. 17-19. The MCG faculty demonstrated the School of Nursing's state-of-the-art anesthesia simulation lab, which features a mannequin programmed to simulate biological responses while under anesthesia. Dr. Fred Lupien is Coordinator of MCG's Nursing Anesthesia Program.

vations and an intense cost-saving environment are translating into more and more chronically ill children being treated at home.

"I've been fascinated by the ways families have immersed themselves in the business of care-giving," Dr. Kiernan said. "I knew children were being sent home [from the hospital] dependent upon complex technology, but there was no data to assess how families were handling the situation."

She conducted phone interviews with parents of several of these children, trying to determine their sources of stress and coping strategies. "While acute care (for instance, such as caring for a child with a broken arm) can be accepted as a normal part of life, chronic illness is considered non-normative," Dr. Kiernan said.

She found that potential side effects of caring for a chronically ill child at home include strained family relationships, modified family goals, financial pressures, chronic uncertainty and isolation.

Her research uncovered the extreme demands of such families; for instance, a third of the families traveled more than 50 miles one way to obtain health care for their children. One mother, intent on obtaining what she perceived to be the best health care for her child, traveled more than 400 miles one way for each doctor's visit. About half the mothers were employed outside the home, making such logistical nightmares even more stressful.

Yet despite the demands, only about a third of the parents sought solace in support groups, and most reported only minimal help from the health care community.

How did the families manage? Dr. Kiernan found that a supportive mate was a key factor in successfully caring for a chronically ill child at home. A midwestern farming family, for instance, reported that the mother tended to her child's intravenous line in the morning after her husband had already left for the day to tend the farm. But the evening shift was his; the mother relaxed while he took over his child's needs at the end of the day. Other tools of successful coping included optimism, outside diversions and peer support.

Dr. Kiernan stressed that the health care community must do everything possible to support such families. In 1987, an estimated 100,000 children dependent on health care technology were being cared for at home, and the number is continually growing. Nurses are generally the most involved members of the health care team in treating patients at home, she noted. They can contribute significantly by several means, including direct care, education and support.

"The future of home health care is most likely assured," Dr. Kiernan said. "Nurses should carefully assess families' coping skills and be prepared to help." ■

Faculty Incorporating Internet Into Classroom

Christine Hurley Deriso

Dr. Martha Tingen thinks the days are numbered for the traditional teaching method of standing in front of a class, passing out handouts and grading tests with a pencil or pen.

"We have the capability now to teach in a much more technological way and the get the same outcome," said Dr. Tingen, Assistant Professor of Adult Nursing and Advanced Practice Nursing at the Medical College of Georgia.

She speaks from experience. Last fall, Dr. Tingen and Dr. Carol Lefebvre, Associate Professor in the School of Dentistry's Department of Oral Rehabilitation,

participated in a workshop for selected University System of Georgia faculty to help incorporate technology into the classroom.

The workshop, called Connecting Teachers and Technology, consisted of a week of training in September followed by a week in December in which participants were asked to create a project to bring technology into the classroom. Participants were divided into teams; Drs. Lefebvre and Tingen participated on a five-member team that also included faculty from the Georgia Institute of Technology, Georgia Southwestern and Valdosta State University.

"It was so wonderful to meet people from other institutions in the university system," Dr. Tingen said. "Everyone in our group was a task master. We knew what we wanted to do and we did it. We worked great together."

The group's project was to create its own Internet home page. Each team member created a web site for the home page consisting of resources to help students in their department. For instance, Dr. Lefebvre's web site consists of a virtual dental center, which students are encouraged to use to prepare for the problem-based learning sessions in the removable partial denture course. The site also contains links to prosthodontic journals and organizations as well as links to general dentistry sites. The web page may be useful for both pre- and postdoctoral students.

Dr. Tingen's web site consists of information relevant to her specialty, adult nursing.

"My computer skills were greatly enhanced by this workshop," Dr. Lefebvre said.

Better yet, she said, her students are learning a lot. Dr. Tingen concurs. She's teaching research to master's students and has consolidated a wealth of pertinent data into her web site. So rather than sort through journals, books, catalogs and other printed material, the students need only click on the home page.

Dr. Tingen, who also has immersed herself in technology by teaching a distance-learning course to Gordon College students, wants to carry her expertise as far as it will take her. For instance, she wants to begin converting courses to the Internet, complete with printed lectures, electronic discussions and computer-generated and computer-graded assignments and tests. "It's a great way to teach students," she said. "So many people going to school now have work and family responsibilities and other obligations. We have to be flexible."

Dr. Lefebvre plans to develop a computer-assisted removable partial denture design program for students to use in the School of Dentistry's new computer lab.

Georgia Southwestern is the server for the group's home page. The address is http://www.gsw.peachnet.edu/~fspaniol/EPER/EPER2.html. Be sure to use upper or lower case as noted in the address. ■

Class Notes

Kay Sanchez ('65) has retired after nearly 20 years as a registered nurse for the oncology unit of Sarasota Memorial Hospital in Sarasota, Fla.

Navy **Ensign William S. Byers** (B.S.N., '96) recently completed the Officer Indoctrination Course at the Naval Education and Training Center in Newport, R.I. The course prepares students for duty in the naval staff field corresponding to their civilian profession. The first five weeks of studies include naval history and traditions, personnel administration, military law, close-order drill and other general military subjects. During the final week, studies concentrate on applying civilian professions in the Navy. Mr. Byers joined the Navy in June 1996. ■

Deadline for submitting information for publication in the spring issue of AlumNews is June 2, 1997.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

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Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news (attach additional page if needed)

Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

AlumNews

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MCG IN CYBERSPACE

Suppose you wanted to know the date of Homecoming at the Medical College of Georgia, view a map of the campus, find out the admission requirements for the respiratory therapy program, request an application form and look up the causes of diabetes. And…you only had 20 minutes in a very busy schedule to get it all done. What would you do? Head for the library? You've only got 20 minutes. Pick up the telephone and make five phone calls? What if the first place you call puts you on hold?

Five years ago, you'd have been out of luck. Today, you could do all this and more from the computer on your desk with a single visit to the MCG Home Page on the World Wide Web.

The World Wide Web, the Internet browsing system that has made it easy to retrieve information on almost any subject from almost any place on the globe in a matter of seconds, is revolutionizing everything from baseball card-collecting to courtship. And it's revolutionizing communication at MCG.

Since the MCG web site was unveiled in June 1995, World Wide Web technol-

Webmaster Becky Rogers confers with Interactive Media Specialist Anne Hinton.

ogy has become one more tool in MCG's quest for better ways to fulfill its missions of health care delivery, education and research. The MCG Home Page is not just a conduit for information going to the general public; it has also become an important link between MCG students,staff and alumni and is changing the work-a-day world of the university as well. Meet some of the many people who make it work.

Webmaster

Becky Rogers, an MCG Medical Library Specialist, is checking her messages and she has a lot of them. No little pink message slips or voice mail for her. She has dozens of e-mail messages—some local, some international and nearly all related to the World Wide Web.

As day-to-day manager of the MCG server for the World Wide Web and custodian of the MCG Home Page, Ms. Rogers is MCG's unofficial ambassador in cyberspace. Her name and e-mail address appear on most MCG web pages as the person to contact for more information. She's a persuasive advocate for expanding MCG's involvement with the World Wide Web, relishing the opportunities the web offers to the university as a whole.

"The World Wide Web is the way to disseminate information to a large audience," said Ms. Rogers. "Once you establish a web site, it costs almost nothing to get information on there, while printed materials can be very expensive."

Although Ms. Rogers now dedicates most of her days and even her holidays to building and managing www.mcg.edu, her involvement with the World Wide Web came almost by accident when she joined a discussion list on the recommendation of Lyn Dennison, Head of Reference and Knowledge Services for MCG's Robert B. Greenblatt, M.D. Library.

"I kept hearing about this thing called the Internet," said Ms. Rogers. "And it sounded really interesting."

Talk of the Internet soon turned to talk of gophers, menu-driven search and retrieval systems that enable quick and easy information collection from sites all over the Internet. With the enthusiastic support of Ms. Dennison and Greenblatt Library Director Holly Buchanan, Ms. Rogers was soon collaborating with other Internet devotees at MCG to develop a gopher for the university.

The MCG gopher, which went online in June 1994, naturally focused on health care information and was praised in publications about the Internet. So when the next big thing—the World Wide Web—hit, Ms. Rogers was more than ready to take it on. She'd been tracking visitors to the gopher, and it was clear from the beginning that MCG has information people want.

The MCG web site had 170 visitors the month of its premier—June 1995—but by November 1996, that monthly number had hit 12,000 and continues to grow. Each month a list of MCG's most popular web pages is published in *Access,* the Greenblatt Library newsletter, which itself can be reached from the MCG home page.

"We get more hits for health-related information than anything else," said Ms. Rogers. "People are hungry for that kind of information." For instance, the MCG catalog was accessed 415 times in November 1996, but an article about kidney stones by MCG News Bureau Coordinator Toni Baker was accessed 768 times.

Although she's delighted with the public's strong response to the MCG web site, Ms. Rogers is also a strong believer in the advantages that the web can bring to the MCG community, not only by making work-related information and educational resources easily available to the staff, but by keeping MCG graduates close to the university.

"I think the MCG web site is particularly good for our alumni because it can give them a broader sense of what's happening here," said Ms. Rogers. "And it makes it so much easier for them to stay involved with us. Through the web site, they can come and visit any time they want to. They don't have to wait for a seminar or special event."

Web Advisor

Dr. Barry Goldstein, MCG Vice President for Academic Affairs, will tell you that the World Wide Web has already made his job a little easier. For one thing, he doesn't have to lug out the huge volume containing the University System of Georgia Board of Regents' policies and procedures to check a point. He can just go to the MCG home page and in two or three clicks of the mouse find exactly what he needs in its most up-to-date form.

Dr. Goldstein wants MCG home page visitors to find exactly what they need as quickly as possible. He's spent many evenings and weekends surfing the net to inspect the web sites of academic and health care-related organizations to help design and organize MCG's home page.

"We need to put as much information on the web as we can," he said. "As a health sciences university, we should be using technology to show people who and what we are."

Dr. Goldstein is particularly enthusiastic about the advantages the MCG web site offers potential students and faculty.

We need to put as much information on the web as we can. As a health sciences university, we should be using technology to show people who and what we are.

"It used to be that to get information about a medical school, you had to look it up in Peterson's Guide, then write for a catalog, then wait for the catalog to arrive," said Dr. Goldstein. "Now you can visit a school's web site and see for yourself.

"You can see the organizational structure, find out about other programs and look at the catalog, too. Eventually you'll be able to start the admissions process itself. You can get more information from the web site than you could from the guide or catalog and make a more informed decision."

Dr. Goldstein also appreciates the web's benefits for MCG faculty, from electronically linking all University System of Georgia libraries to obtaining

information about researchers and their projects from the Community of Science.

"The web has lots of potential to promote communication and collaboration between researchers and clinicians here and with other institutions," he said. Although much of this communication will be formal, Dr. Goldstein sees the web fostering serendipitous collaborations as well.

"People spend hours and hours surfing the web and end up in places without knowing exactly how they got there, finding information unexpectedly—about telemedicine, for instance, or someone's research interests. They can e-mail and say, 'I'm doing this and am interested in doing a project with someone.'"

However, Dr. Goldstein's enthusiasm for the web is tempered with caution about legal issues. "We have to be careful not to violate practice site laws and the confidentiality of student records. We have to watch for these things."

Dr. Goldstein's greatest concern is that the MCG web site reflect and support MCG's threefold mission of health care delivery, education and research. "The materials on our web site and the things linked to our home page have to be associated with our mission as a health sciences university and academic medical center," he said.

Web Teacher

Dr. Sharon Martin knows just what to do with the World Wide Web: Teach with it. She's even solved the perennial problem of getting students to speak up in class: Put a controversial question on the discussion list and watch the responses flow in.

Dr. Martin and her colleagues in the MCG Department of Medical Technology have pioneered the use of the Internet in supporting MCG's educational mission. For them, the Internet is a natural, logical extension of their department's involvement in distance learning.

In distance learning, video-conferencing technology enables an instructor to teach a class at another location, perhaps hundreds of miles away. The Department of Medical Technology began distance-learning classes with students at Dalton College in June1994 and now teaches classes at Darton College in Albany, Ga., as well.

But the World Wide Web didn't figure directly in medical technology courses until summer quarter 1996 when Dr. Martin used it to teach a class in immunohematology. To set up the Internet component of the immunohematology course,

Dr. Sharon Martin in the distance education classroom.

Dr. Martin used Web Educational Support Tools, software developed by educators in Ireland. WEST provides a private e-mail system, a discussion list, an announcement page and a testing system. Courses are password-protected and students must be enrolled by the instructor in the cyber-class before they can access the course materials.

The e-mail system comes in handy for quick consultation between student and instructor and for accessing the discussion list. The testing system provides automatic test grading and instant feedback to explain why an answer is right or wrong. Not only can students submit assignments electronically, an individual, private record of completed assignments and scores helps students track their progress confidentially.

The web course system also helps with housekeeping and coordination. Students keep up by checking the class announcements at least twice a week. And it's difficult to forget class and department policy when there's no paper to lose. You can always find it on the web.

"For the class visit to the Red Cross Blood Services Center in Columbia, S.C.,

I just put the directions and map online," said Dr. Martin. "There was no mailing or faxing."

All this might sound impersonal, controlling and positively Orwellian to some people, and a few students resisted at first. Some weren't used to using computers, and the fierce competition for access to the computers at both MCG and the distance-learning sites left everyone frustrated until they began using the computers during off hours instead of peak ones.

After students gained some background knowledge and new time management skills, Dr. Martin found that using the web for teaching had a delightful benefit: it helped the students loosen up.

"In an ordinary class, you do good to whip up a few comments, but some of the quieter students in class posted most in the discussion group," said Dr. Martin. "Some distance-learning students already had experience as technicians and looked at things slightly differently. That brought a different element to the exchanges. The students got into discussions about things that never would have come up in class. They really started teaching each other."

Students became so enthusiastic that they virtually took over the discussion list, using their own experiences and searching out references to support their views. As they did so, Dr. Martin found her view of them changing. "I felt I knew them better. I learned about personal interests and details of their lives that would normally never come out."

Dr. Martin found that making the web a regular part of class activities also affected her approach to teaching. "I want to include more interactive activities because they provide a way to incorporate more critical thinking skills in the class," she said. "Students don't need facts, facts, facts as much as they need to be able to gather facts and know how to use them. They need to know how to think rather than memorize."

Generating all that enthusiasm requires good organization and lots of behind-the-scenes effort, said Dr. Martin, but for her and her colleagues in the Department of Medical Technology, there's no turning back. How could they when they get evaluations like the following:

"Discussion list and questions on computer [were] a brain buster. Excellent class participation. Fun class.... The lectures were very enjoyable."

Other academic departments at MCG are moving rapidly to include the web in their programs. The Departments of Physical Therapy and Community Nursing already use the web in their courses and the School of Medicine is incorporating web activities in its problem-based learning course. For more information about these activities, you can review these programs' web pages on the MCG web site.

Surfing the Intranet?

Of course, to sample the World Wide Web, even on the MCG home page, you must get onto the Internet.

Providing Internet access is only one of a staggering array of tasks handled by the MCG Information Services Division, which provides computer services, education, training and products to support MCG's education, research and health care missions.

Although individuals need only a computer, modem, phone line and the right software to visit the World Wide Web, getting MCG (which is like a small town in size and population) out there is a little more complicated, noted Dale Chernich, MCG's Chief Information Officer. Old computer systems have had to be replaced and whole buildings have had to be rewired just to enable Internet access. Nevertheless, ISD has already enabled Internet access for more than 1,500 people at MCG, with more being added every day, Mr. Chernich said.

What really excites people at ISD now is building the Intranet, said Onley Howser, ISD network analyst. The Intranet uses Internet technologies, such as web browsers like Netscape, to conduct an organization's internal business with a substantial savings of time and money.

Many items such as phone books, price lists, policies and handbooks are out of date as soon as they're printed, noted Mr. Howser. The Intranet can keep this information in a central location, update it immediately and still make it available to everyone who needs it—without the time and costs associated with printing and mailing. A password or other security system can ensure that sensitive information is available to authorized staff members only.

You can already get a glimpse of the Intranet from the MCG Home Page. For example, parts of the MCG Administrative Policies and Procedures Manual are already available there and the whole manual will be online soon. Eventually, MCG departments will be able to collaborate on documents, such as their annual reports, without having to prepare, print and distribute separate sections.

However, ISD's plans will ultimately revamp the way medical information is handled as well. In 1995, it introduced HealthQuest, a patient data management system that allows different departments to record admissions, discharges, transfers and billing as well as track patients' charts.

ISD is installing a clinical information management system. CIMS will allow physicians and other caregivers to enter medical orders directly and have those orders communicated automatically to other departments, such as the pharmacy, radiology, clinical pathology or rehabilitation services. The results of the orders will then be available for the physician to view online as soon as they're completed.

The Intranet will help MCG save millions of dollars in paper costs, and save trees as well, said Mr. Howser. One of ISD's prime goals is to make the MCG Intranet accessible to authorized users whatever their location, providing an interface that's instantly recognizable and easy to use. Physicians attending conferences in other cities or even other countries, for example, could use their laptop computers to read their e-mail or check their patients' lab results and order new tests, if necessary. Messages and records would look almost exactly as they appear at the hospital or clinic.

ISD is also working with MCG's library staff to devise an electronic bulletin board system for MCG students. The bulletin board will make it possible to post announcements to all students or selected groups of students as necessary. A similar campuswide service is also in the works.

And there's more to come as ISD continues to investigate new applications to develop the Intranet and improve productivity, said Angela Jessee, ISD's Internet Coordinator. Ms. Jessee has designed the ISD web pages, which have to be seen to grasp the scope of the division's activities. Just select "Information Services Division"on the MCG Home Page.

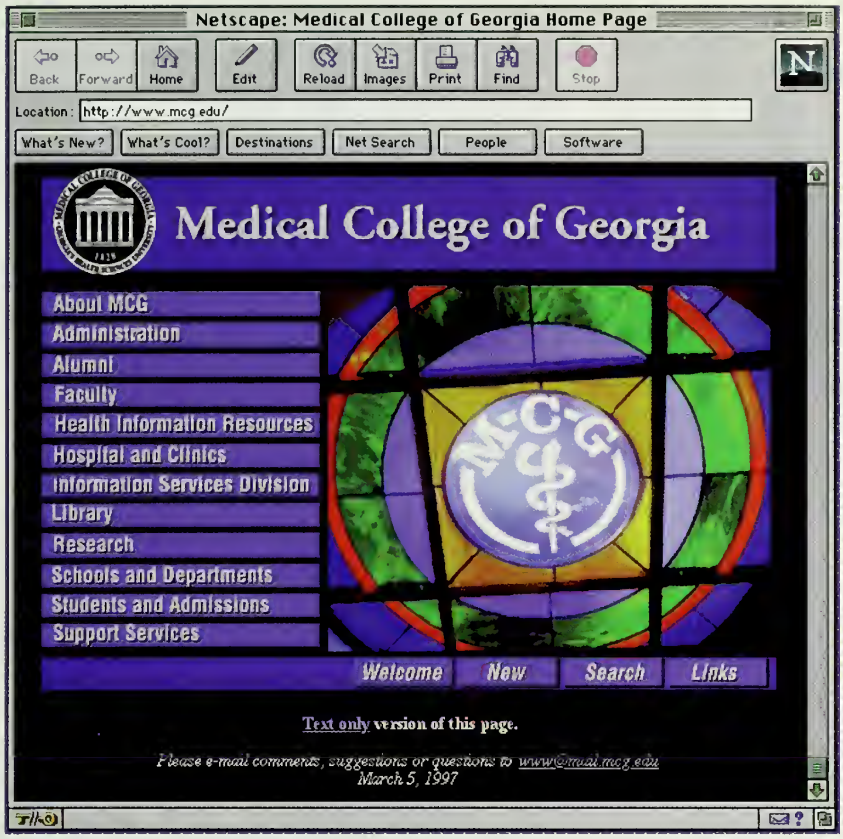
ISD and MCG have a lot to look forward to, Mr. Chernich said. The capabilities of MCG's Intranet will continue to grow as ISD adapts new technologies to the information-sharing needs of education and health care.

"Our network is built and building," observed Mr. Chernich.

"Continuing," said Mr. Howser.

"Perpetual," said Ms. Jessee.

—SUSAN YARBOROUGH



http://www.mcg.edu

This is the MCG Home Page, the front door to MCG's residence in cyberspace. The picture changes frequently to show off the many facets of Georgia's health sciences university. Of all the MCG web pages, the home page receives the most visits and the constant attention of the site's developers. Both signpost and doorway, it's designed to lead visitors exactly where they want to go—quickly and easily.

The home page is also available in text-only format. You don't have the pretty picture, but you get an idea of what's listed under each button.

You can visit the MCG Home Page from America Online, Compuserve, Microsoft Explorer and other Internet access services with web-browsing capabilities. Many of the staff and students at MCG view the Web from Netscape Navigator, provided free to educational institutions.

Check out the following highlights and visit us in cyberspace. Our World Wide Web address, in case you didn't catch it before, is http://www.mcg.edu. Here's a sample of what you'll find.

About MCG

Planning to visit campus? View maps of MCG and Augusta. Use the faculty-staff directory to call before you come. Check the campus calendar. And here's a plug for us: you can read *MCG Today* while you're at it. Choose About MCG on the MCG Home Page.

Alumni

MCG graduates, find out about awards, scholarships, social events and memorabilia offered by your school. And if you don't want to wait for the mail to find out about Homecoming '97, check here. Choose Alumni and then your school.

Telemedicine

Doctors are again making house calls, but they're doing it electronically, using the powerful combination of television, computers and medical expertise known as telemedicine. MCG has the most advanced telemedicine program in the nation. See what it's all about. Choose Hospital and Clinics, then Telemedicine Center.

Georgia Mental Health Network

This page gives you a good idea of how MCG uses information technology to pursue its health care mission. Consumers and mental health professionals can use the Georgia Mental Health Network to find out about mental health services and resources throughout Georgia and nationwide. The resource database feature lets you search by service or region. Choose Health Information Resources on the MCG Home Page, then Georgia Mental Health Network.

Electronic Resources at the Greenblatt Library

You really can go to the library from your desktop. Use MERLIN to survey the Greenblatt Library's holdings. Use Ovid to access MEDLINE and other health-related scholarly databases. And with GALILEO, search more than 100 databases, including *Current Contents, Books in Print, Encyclopedia Britannica Online, Cambridge Scientific Abstracts* and more. Many sources provide the full

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text of articles. Choose Library, then Electronic Resources

Schools and Departments

If you or someone close to you wants to know more about careers in health care starting with MCG, start here. In addition to general information about health care professions, you can find specific information about the programs, faculty and admissions policies in departments that interest you. Choose Schools and Departments, then follow your interests.

Students and Admissions

If you've visited Schools and Departments and feel ready to commit yourself, this is the place to go for the most up-to-date information about applications and requirements for admission. Students, prospective students and faculty advisors can use the MCG catalog to plan course schedules. If you can't find your personal copy of the student handbook or catalog, just look here. Choose Students and Admissions.

Continuing Education

Thinking about the next step in your professional education? You don't have to wait for snail mail to see what MCG offers in continuing education. It's also possible to register for some medical and dental continuing education courses right from the MCG web site. You needn't be afraid to give your credit card number when signing up because MCG now has a secure server, so confidential information you provide when filling out the registration form remains exactly that—confidential. Choose Support Services, then Continuing Education.

Search

Go here if you're not sure where to find what you need at MCG. Type in a related word or phrase and the search feature will present a list of pertinent topics. Choose Search on the MCG Home Page.

New

Check this page often to keep up with new developments on the MCG Home Page, especially for information subject to updates. Coming soon: the Telemedicine and Library Information Service (TeLis) database and electronic bulletin boards for both students and staff. ■

—SUSAN YARBOROUGH

If a chronic disease dooms its victims to misery, somebody forgot to tell Rhonda Thomas.

Ms. Thomas, a 32-year-old from Macon, Ga., has an active 4-year-old daughter and a busy career as a court reporter. She travels often, has lots of hobbies and is active in her community. Oh, and by the way…she also has sickle cell disease.

Ms. Thomas relays the diagnosis as an afterthought, because that's the priority the disease has in her life: it's a reality, but a rather negligible one in the scheme of things. She has more important things to do than dwell on her disease.

"I think the disease probably bothered me when I was younger, but now that I have a full, active life, I really don't think about it," says Ms. Thomas.

A mere generation ago, Ms. Thomas would have been considered a medical miracle. The vast majority of people with sickle cell disease simply didn't survive into adulthood, much less enjoy full, active lives.

"Twenty-five years ago, most people with sickle cell patients died by age 20," says Dr. Kristy F. Woods, Associate Professor of Medicine at the Medical College of Georgia. "Now, because of improved newborn screening and comprehensive care, patients are surviving into adulthood. About 90 percent live to age 20 and many well beyond. Viewing sickle cell as a chronic illness is a relatively new concept."

Sickle cell disease, which affects mainly African Americans in the United States, is characterized by genetically defective hemoglobin, a component of red blood cells, which causes the cells to become rigid and sickle-shaped. More than 50,000 African Americans in the United States have the disease, and about 8 percent of African Americans carry the trait for it. Offspring must inherit the gene from each parent to have the disease.

Sickle cell disease varies in severity; the larger the percentage of fetal hemoglobin (a variant of normal hemoglobin) one has in adulthood, the milder the disease. But even in its mildest form, sickle cell disease can take a considerable toll. The sickled cells block blood flow and starve tissues throughout the body of adequate oxygen. Indeed, sickle cell disease can eventually damage every organ in the body. And when sickled cells get stuck in tiny blood vessels that supply bone, debilitating pain can result. These pain crises are roughly as painful as bone fractures and can last up to two weeks, Dr. Woods says.

But never before has the outlook been brighter for sickle cell patients—particularly throughout Georgia, where MCG is making strides affecting treatment worldwide. Pain crises, for instance, once were largely unpreventable. But in the late 1980s, MCG helped test a drug called hydroxyurea, which promotes production of fetal hemoglobin and prevents sickling. The drug, approved to treat adult sickle cell disease patients in 1995, is now widely used, and with great success.

Dr. Kristy F. Woods

"Studies show that hydroxyurea decreases pain crises 44 percent, decreases the need for blood transfusions and decreases the incidence of acute chest syndrome, a major cause of death in sickle cell patients," Dr. Woods says.

Ms. Thomas, the sickle cell patient from Macon, considers herself a living testament to the drug's effectiveness. "Since I started taking hydroxyurea a year and a half ago, I feel more energetic, my jaundice [a common side effect of sickle cell disease] isn't as noticeable and my blood count is up. I haven't had any pain crises."

Ms. Thomas has high praise for MCG, not only for making hydroxyurea available to her, but for enhancing her quality of life in myriad ways. The MCG Comprehensive Sickle Cell Center, in addition to treating patients in the Augusta area, operates eight outreach clinics throughout Georgia and beyond, including two adult clinics. Because of

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the Macon clinic, which operates one day a month, Ms. Thomas needn't leave her hometown for her health care.

"[Before the clinic opened], I had to come to Augusta once a month," Ms. Thomas says. "Now I don't have to travel. MCG has been great. The whole staff has known me for a long time; I've been going to the clinic since childhood. They know my history inside and out. They really take the care needed to manage the disease."

The MCG staff works closely with health practitioners in the areas they serve, offering a collaborative effort to keep patients as healthy and complication-free as possible.

"[The outreach clinic] has been extremely interesting and challenging for us," said Macon-Bibb County Health Department nurse practitioner JoAnn Smith, who manages the adult health program. "We've learned a lot about how to treat sickle cell disease, particularly in the adult population. And the patients have benefited so much. Augusta is such a long way for them to go. We treat people from about 23 counties who find that Macon is much closer than Augusta. I am really proud and excited about our involvement."

She also notes that the patients obviously value the health care they receive. "Most clinics have about a 40 percent rate [of patients missing their appointments]," Ms. Smith said. "That's not the case here. Our patients keep their appointments."

Outreach patients can participate in MCG's clinical trials of new drugs, ensuring their access to the most cutting-edge treatment possible. And an MCG telemedicine site, enabling interactive long-distance patient examination and consultation, recently began operating in Macon. "Telemedicine has really opened the door for us," Ms. Smith said. "Before, we were so booked, we weren't able to get everyone in that we needed to. I really did not realize how many adult sickle cell patients we had in this area."

MCG also offers the Augusta-based Paul F. Milner Sickle Cell Support Group, named after the now-retired MCG physician who devoted his career to sickle cell treatment, including conducting early research on hydroxyurea. MCG soon will offer a second support group in Macon.

Dr. Woods is thrilled MCG has responded so wholeheartedly to the rapidly evolving field of adult sickle cell management. "When I was training around 20 years ago, we didn't learn how to properly manage adults with sickle cell disease. Most patients died in childhood," she says. And she sensed that the disease was given low priority. She remembers walking past a hospital room as a resident and being told, "Don't bother checking on [that patient]. It's sickle cell disease."

The medical community wasn't cruel, she noted, just resigned to a dearth of treatment options. Dr. Woods also was frustrated that the few options available weren't necessarily effective. Today's treatment is more individualized.

One of the highest priorities at MCG is preventing potentially deadly complications of sickle cell disease. For instance, MCG neurologist Robert J. Adams has conducted research measuring blood flow rates to the brains of children with sickle cell disease. Those with unusually fast rates are thought to be at high risk of stroke. Those children are then recommended for regular blood transfusions, which seem to help prevent strokes.

Such preemptive strikes are vital in the fight against sickle cell disease, Dr. Woods noted. MCG's Hemoglobinopathy Laboratory, supervised by Dr. Abdullah Kutlar, Director of the MCG Comprehensive Sickle Cell Center, screens newborns from Georgia and beyond to detect sickle cell diseases right off the bat. Once diagnosed, MCG's pediatric sickle cell team, spearheaded by Drs. Virgil and Kathleen McKie, begins working with the patients. Their work is so effective that MCG's ranks of adult patients keep growing. MCG treats more than 600 adult patients.

Dr. Woods urges her patients to be as active and independent as possible. "We're trying to empower patients to take control of their lives and lead as normal a life as possible," she says. "While sickle cell disease is associated with complications, the diagnosis itself doesn't cause disability."

And time after time, she watches her patients rise to the challenge. "We have wonderful patients," she says. "That's what keeps us going. I think MCG is making a very significant contribution to their health care." ■

—CHRISTINE HURLEY DERISO

FIT FOR LIFE

As exercise instructors go, Leigh Ramsey has a pretty light touch. With her quiet voice, small stature and gently cajoling style, she doesn't exactly evoke images of the average boot-camp drill instructor.

But despite her congenial disposition, she takes her mission very seriously: helping MCG adult sickle cell patients be as fit as possible.

Sickle cell patients have traditionally been advised not to exercise; the exertion was thought likely to induce a pain crisis. But Ms. Ramsey, a graduate student in the MCG Department of Physiology and Endocrinology, has a different idea. She knows that sedentary lifestyles can cause health problems that exacerbate chronic disease. And as sickle cell patients live to increasingly older ages, quality of life is a higher priority than ever. In addition, weight gain is a common side effect of the new sickle cell drug, hydroxyurea.

Ms. Ramsey and her advisor, Dr. Bernard Gutin, think it's time to rethink the conventional wisdom that sickle cell patients should avoid exercise.

Dr. Gutin, working with MCG's Adult Sickle Cell Clinic and the Departments of Medicine and Pediatrics, recently obtained grant funding from the National Institutes of Health to gauge the effectiveness of an exercise program for sickle cell patients. Last November, he and his colleagues enlisted five participants for a closely monitored exercise program three days a week. The program will last six months, and five more participants have been invited to join. Ms. Ramsey conducts the classes, which consist of 30 minutes of aerobics and 20 minutes of weight-lifting.

The classes are conducted at MCG's Georgia Prevention Institute, where Dr. Gutin is a Professor. MCG physicians are on call for immediate consultation if complications arise during the exercise class.

But so far, the results have been overwhelmingly positive. "It's nice for them to be able to exercise," Ms. Ramsey says. "They're very gung-ho about it. If we have to miss a day, they're really upset. And the exercise has not caused a crisis to occur yet."

Willette Callwood, a participant in the group, says the exercise program is not only enjoyable but boosts her overall energy level. "I love being able to exercise," she says. "I feel better, like I can walk farther. And I've lost about 5 pounds."

Previously, sporadic bouts of exertion left her virtually breathless. "Every time I did something [physical], I overdid it," she says. "But here, they tell you what to do, how to do it and what not to do."

The participants are noticeably more fit now than when they began, Ms. Ramsey says. "They were all unfit at the beginning because of their sedentary lifestyles. But they've actually improved a lot. They might have been a little sore at the beginning [of the exercise program], but nothing severe. We started them gradually and let them build up." The researchers obtained physiological measurements before the program; they'll gather the same information at its conclusion for comparison.

Ms. Ramsey doesn't expect the exercise to affect the natural course of the disease, "but it may help in oxygen transportation and the metabolic process," she says. And quality of life can only be improved, she says, by maintaining a healthy weight and maximizing fitness.

She also has discovered a nice fringe benefit. "I think the exercise makes them feel better about themselves. They say they look forward to coming."

—CHRISTINE HURLEY DERIS

Home, and H

The prototype for an electronic house call that could make health care as accessible as cable television has been developed and tested collaboratively by two Georgia universities, the U.S. Army and a private cable company.

The prototype, developed by researchers at the Medical College of Georgia and the Georgia Institute of Technology, has been tested in the homes of 25 patients of MCG Hospital and Clinics and Eisenhower Army Medical Center at Fort Gordon. It's also being tested at Westlake Manor, a 100-bed nursing home in Augusta, with links to a physician's office and his home.

The electronic house call targets "frequent flyers," people whose chronic health problems require constant attention that can lead to frequent doctor visits and hospital stays.

"This system is for people with chronic diseases such as asthma, uncontrolled diabetes or heart failure who require frequent care," said Dr. Max E. Stachura, Director of the MCG Telemedicine Center. "They become frequent flyers when they can't quite manage their care and they fall off track. That's when they appear in the emergency room. What we want to do with this system is help them stay on track and out of the hospital."

He considers cable television, which already has a comfortable spot in many homes, an ideal medium. "There are going to be multiple services brought into the home by the cable system. You are going to be able to do your banking at home. You are going to be able to get an education at home. You should be able to get health care at home, too," Dr. Stachura said.

Jones Intercable Inc., a Denver-based company serving the Augusta area, provided the unique cable service—which not only brings a signal into the home, but also gets one back out—at no cost to test patients.

Development and initial testing of the electronic house call was funded primarily by a $916,687 grant from the Department of the Army and a $950,000 grant from the Georgia Research Alliance.

Researchers fashioned the electronic house call prototype from existing computer hardware, with additions such as a multi-function patient monitor—like that used in intensive-care units—into which blood pressure cuffs, stethoscopes and other medical devices are plugged, said Dr. John Searle, MCG Telemedicine Center's Technical Director. The patient's computer also is fitted with a video-conferencing camera that can be remotely controlled by the nurse.

Georgia Tech's Biomedical Interactive Technology Center developed a system using a touch-screen monitor, said Michael F. Burrow, Senior Research Engineer at the center. For example, a patient touches a telephone icon on the screen to make the initial connection with the nurse practitioner.

The computer system uses a commercially available video-conferencing program enabling the nurse and patient to see each other and interact throughout the examination. The prototype also accepts data from several medical devices, allowing patients to have their blood pressure and blood oxygen levels checked and their temperature and weight measured. The nurse can listen to their heart and lungs and

Hearth ealth

perform an electrocardiogram. Researchers are developing ways to alter the menu of measurements to meet the specific needs of a patient, Dr. Stachura said.

The system provides audio instructions and images on the screen to assist the patient during the exam, Mr. Burrow said. "The system gives the patients instructions on how to use the instruments. If they are not sure about something, they can touch a help icon to obtain more detailed information about using the instrument and the purpose of the test.

"For the most part, the patient feedback has been positive," Mr. Burrow said. "The patients like the idea of being monitored at their homes and interacting with the nurse frequently."

Electronic house call visits vary from daily to several days a week, depending on a patient's need. But patients can use the system more often to check their vital signs, information added to their database which the nurse reviews.

Jones Intercable Inc. provided dedicated cable channels not accessible to the public for use in the project, said George Paschall, Director of Public and Government Relations for Jones Intercable Inc. The company also installed a modem at each patient's home to transmit computer information from a cable line to another computer, enabling communication with MCG Hospital or Eisenhower Army Medical Center. Jones also installed two-way amplifiers throughout the overhead cable system to ensure a strong signal in both directions.

"From our perspective, it's a visionary thing in terms of delivering services to patients at home," said Loretta Schlachta, Clinical Coordinator for Telemedicine for the Department of Defense's Center for Total Access. "[Self-care is] the first level of care. When you get a cold, you are the first one to intervene. [The electronic house call] brings the level of care to where it makes the most difference, at home."

The electronic house call also helps identify problems early among nursing home residents to help preclude hospitalization.

"We wanted a system that could help patients take better care of themselves," Dr. Stachura said. "We also wanted one that could help address the issue of an aging population, wherever they might live. Now that we know we can do that, the next step is to look at how to make it as unobtrusive as our television set."

Developers at Georgia Tech and MCG are seeking a company to help standardize the technology and make it more commercially viable. "We can put together off-the-shelf technology and make it work; we've proven that," Dr. Stachura said. "But if it's really going to catch on, it's got to be turned into a neat, small package."

As is, the prototype costs about $15,000 for each unit and, because the hardware is off the shelf, it has some unnecessary technical capabilities. "I'd like to see a system that would cost less than $10,000," Mr. Burrow said, and he thinks that's realistic.

As the technology is fine-tuned, the researchers also want to further explore the full potential of the electronic house call. "We've shown it can be used for these parameters: blood pressure, heart and lungs sounds, etc.," Dr. Stachura said. "But how far can you push it? How many different kinds of patients will benefit from this?" ■

—TONI BAKER

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